

KENT COUNTY COUNCIL



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1958

A. ELLIOTT, M.D., D.P.H.

County Medical Officer of Health

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HEALTH DEPARTMENT,
COUNTY HALL,
MAIDSTONE.
(Tel. 4321)
October, 1959.

To the Chairman and Members of the Kent County Council.

In presenting my Annual Report for the year 1958 I am following the usual practice of reviewing the work of the Health Department, including a survey of the duties arising under the National Assistance Act. I am indebted to the Medical Officers of Health of District Councils for supplying me with information concerning action under the Housing Acts and the supervision and inspection of food supplies since this affords me an opportunity of summarising the results for the whole County.

The population of the Administrative County is now 1,624,000, which is an increase of 10,200 over the previous year, and the number of births—25,189—shows an increase of 496. The birth rate has risen to 15.51, which is slightly higher than that for 1957. The infantile mortality rate, that is, the number of children who die within the first year of life expressed in terms of 1,000 live births, was 20.05, which is the lowest rate ever recorded in the County.

Since the National Health Service came into being in July 1948, it is appropriate in this Report to comment briefly on what has been accomplished in ten years.

The County Council is providing health services as part of the National Health Service and, as one of the three partners, is therefore closely concerned with the hospital and general medical services. In the final analysis the efficiency of the Council's services, as is the case with the other health services, depends upon the hands and brains of those providing services to persons who are in need of them.

The aim of the County administration is to ensure the proper availability of staff employed, the maintenance of an efficient standard of professional and technical skills and an effective association with other persons working in the health services, particularly in domiciliary practice with general medical practitioners. Over the ten-year period one fact that has emerged is that units of large scale administration ensure that officers providing domiciliary services can receive an effective degree of supervision, advice and assistance because their numbers are such that senior staff possessed of specialised knowledge can be usefully and fully employed.

There have been four changes of the County Council since the time when, in late 1947 and early 1948, the first post-war County Council prepared its plans for the duties to be discharged under the National Health Service Act. These plans have needed little alteration and a survey of ten years' work of the Council's health services would be incomplete without reference to the continued study of policy, management and organisation that has been given by the Health Committee. It is from decisions of the Health Committee that the County health and welfare services derive their purpose, impetus and direction and it must be emphasised that the work of the Health Committee affects the citizen at more points in his life than does the work of any other committee of the Council. In brief, the committee is concerned with the individual and the family, both in sickness and in health, and the close association of services provided under the National Assistance Act with those provided under the National Health Service Act ensures an economical and effective administration with the full utilisation of specialist staff. Over the past ten years national economic difficulties and shortage of manpower have, in certain directions, affected the development of the National Health Service on the lines originally envisaged in the Beveridge Report of 1942 and the White Paper that accompanied the National Health Service Bill in 1946. Economic difficulties have inevitably resulted in a delay in providing new buildings and this has particularly been felt in the services providing for the residential care of old people. One effect, however, of the slowing down in the rate of providing new buildings for residential care has been that constant and unremitting study has been necessary to ensure the fullest utilisation of staff and the development of domiciliary services to deal with the situation arising from the lack of residential accommodation both for the aged and the chronic sick. It is fortunate that advances in medical science have produced new and powerful medicaments that have materially shortened the course of many illnesses. The immediate future offers better hopes in that the increase in national prosperity of recent times promises an increase in the rate of building, thus permitting the revival of plans for more accommodation for old people, the building of new clinics, occupation centres for mental defectives and ambulance stations.

Subject to changes needed by new techniques and changes in need, a number of the services have remained relatively unchanged in their general form and amongst them can be included district nursing, domiciliary midwifery and to a lesser degree health visiting.

The increasing part taken by general medical practitioners in family care is reflected in the smaller number of women attending ante-natal clinics since they are, in increasing numbers, receiving the necessary care and attention from their own doctors. The increases in the number of children vaccinated against smallpox show that general practitioners are doing a substantial part of the work and in the expansion of other vaccination and immunisation services which now provide protection against whooping cough and poliomyelitis.

In the health visiting services continued attention has been paid to the necessity for closer association with general medical practitioners and in giving health visitors new tasks it has been necessary on a number of occasions to re-examine the scope and extent of the duties that they had previously performed. One significant result of the increase in national well-being has been that health visitors have been able to concentrate more on the smaller number of families needing their help and selective visiting has become a cardinal factor in the organisation of this particular service. I would pay a particular tribute to the work of the health visitors who, in particular in the year 1958, did so much to make the campaign for vaccination against poliomyelitis a success and yet at the same time ensured that their basic duty of home visiting was not neglected.

Although the County Council possessed an ambulance service attached to its own hospitals before 1948, it was in that year that it became solely responsible for ensuring that a comprehensive service was provided. The commencement of the new ambulance station at Barnehurst to take the place of three other stations serving the areas of Erith, Bexley, Crayford and Dartford marks the final stages in administrative changes. In 1948 the County Ambulance Service started with 52 ambulance stations and the completion of the Barnehurst station marks the last stage of reorganisation to the final number of 19. This reduction means a considerable reduction in costs of administration and yet by extensive use of radio-telephonic communication and effective measures of association with the hospital and general practitioner services, a service is now being provided that ensures not only an effective accident cover but also deals with some 600,000 patients every year.

On prevention of illness, care and after-care, the original pattern of helping persons ill at home by the provision of nursing requisites and recuperative care has continued with an expansion in the way of arranging for the supply of more specialised aids to nursing that enable such patients as paraplegics to live at home instead of being confined to hospital. Much more is now being done by the way of structural adaptations to households so as to enable persons suffering from severe degrees of disablement or paralysis to live more easily at home and have a fuller life. The arrangements that are now in hand for assisting persons suffering from severe degrees of physical handicaps both by way of provision of a direct service of diversional therapy and by financial assistance to voluntary bodies who provide social services, should provide, in the near future, a better and very acceptable form of additional help for these severely handicapped people.

Whilst the new Mental Health Act will considerably increase the responsibilities of the Health Committee in dealing with the mentally disordered because of the even greater emphasis that is to be placed on domiciliary care as opposed to hospital care, a great deal has been done since 1948, particularly for those who at present are classified as mental defectives. The shortage of staffed beds in residential establishments has inevitably increased the need for the provision of domiciliary services by way of home teaching and occupation centres, but at the same time the tendency has increasingly been to avoid residential care wherever possible and, through the County health service, to provide for the care of defectives in the community. The new occupation centre at Hildenborough, which was opened in November 1957, was the first specially built centre to be erected in the County and is a model of its kind. The proposals of the Committee to replace existing buildings used as occupation centres, with which will be associated hostel facilities where possible, will be a great step forward in community care for this group of mentally disordered people.

Prior to 1948 the domestic help service was provided mainly for maternity patients but since that time much more has been done for elderly people; in fact the main part of the domestic help service, which is now supplied to some 5,500 households a week, deals with the care of the aged and is one of the most appreciated services that the County Council provides. A notable feature of the service has been the extensions that have been provided as part of it. Starting with the evening and night service for the care of old people in their own homes, the family help service was introduced in 1954. This provided home care for children in those circumstances where the mother was not available by reason of admission to hospital, death or desertion. Before the service was provided many of the children concerned had to be provided with residential care or a foster-parent by the Children's Committee, but in 1958 1,393 children from 377 families were looked after by the family help service and so were able to stay in their homes with their fathers. This type of social service adds materially to the welfare and happiness of those children who, by reason of the absence of their mother, would otherwise need to be removed from their homes.

The last extension of the domestic help service, which has now been in operation for some two years, is the child help service which provides, in the households of problem families, a worker to train and rehabilitate the family. A considerable measure of success has been achieved and since arrangements are made to follow up the original intensive period of training, it is very gratifying to be able to say that in the majority of cases the improvement which has been made in lifting families out of the problem group has been maintained. It is only right that in the working of the family help service and child help service a tribute should be paid to the workers, all of whom are drawn from the ranks of the domestic help service, for the notable contribution they have made to these two important and significant social advances.

For 1958, and indeed for the whole of the period since the inception of the National Health Service, it is my privilege to record, on behalf of the staff of the department, my sincere thanks and appreciation for the kindness and support shown by Members of the Council and I would like to place on record my own thanks to the staff for what has been, and continues to be, achieved.

A. ELLIOTT,

County Medical Officer.

ANNUAL REPORT

Vital Statistics

POPULATION.—The Registrar-General's estimate of the population of the Administrative County at the middle of 1958 was 1,624,000; and this population is the basis of the rates quoted in this Report. Table 1 at the end of the Report shows the population in each area in the County: and from that Table it will be seen that 1,275,200 persons were resident in the urban areas, and 348,800 in the rural districts. The increase in the population of the County was 10,200 as compared with an increase of 12,800 in the previous year.

These figures give densities of population of 1.67 per acre in the county as a whole: and 6.66 per acre in the towns and 0.45 per acre in the rural districts. Compared with the previous year, there is little change in any of these figures, and the densities show the same wide range. In the towns, the extremes were 33.27 in *Penge Urban* and 0.26 in *Lydd Borough*, and in the rural districts 1.40 in *Dartford Rural* and 0.15 in *Romney Marsh Rural*.

The following tabulation shows the populations, together with the percentages in urban and rural districts in Kent, for the census years 1921, 1931 and 1951, and the Registrar-General's estimates for 1941 and 1958.

	Population									
	1921		1931		1941		1951		1958	
	No.	%	No.	%	No.	%	No.	%	No.	%
Urban Districts ..	795,035	71.11	847,090	71.50	882,900	75.56	1,225,800	79.12	1,275,200	78.52
Rural Districts ..	323,094	28.89	337,720	28.50	285,500	24.44	323,560	20.88	348,800	21.48
County	1,118,129	100	1,184,810	100	1,168,400	100	1,549,360	100	1,624,000	100

BIRTHS.—The births of living children, registered during 1958, totalled 25,189, an increase of 496 on the total for the previous year. Male births numbered 12,967, female births 12,222.

The crude* birth-rates for the year were 15.41 (comparable rate† 15.72) in the urban districts, 15.87 (comparable rate 16.66) in the rural districts, and 15.51 (comparable rate 15.98) in the County as a whole. The figure for England and Wales was 16.4 (Provisional).

The following tabulation shows the live-birth, still-birth, and death-rates, divided into urban and rural districts for the whole County. The rates for England and Wales are added for comparison.

In all cases in this report the two years, 1938, the last normal year before the war, and 1957, have been taken for comparative purposes.

	No. of Live Births per 1,000 Home Population			No. of Still-Births per 1,000 Total (Live and Still) Births			No. of Deaths under 1 year of age per 1,000 Live Births		
	1938	1957	1958	1938	1957	1958	1938	1957	1958
Urban District	15.1	15.27	15.41	33.6	19.05	18.87	42.3	20.51	20.35
Rural District	14.4	15.41	15.87	36.5	22.37	19.31	45.0	19.31	18.97
Whole County	14.9	15.30	15.51	34.2	19.76	18.97	42.8	20.25	20.05
England and Wales.. ..	15.1	16.10	16.4	38.3	22.50	21.6	52.8	23.10	22.5

The number of births, and the birth rates, in each sanitary district of the County, are set out in Table 2 at the end of this report.

The excess of births over deaths was 5,937—3,235 males and 2,702 females: and the varying margin of this excess of births over deaths for the years 1938, 1957 and 1958 is shown below:—

	Male	Female	Total
1938 ..	3,146	2,645	5,791
1957 ..	3,339	3,146	6,485
1958 ..	3,235	2,702	5,937

The sex-ratio of the births, on the figures shown above, represents a proportion of slightly more than 106 males to 100 females.

* Crude birth- and death-rates are the number of births or deaths per 1,000 of the population.

† For explanation see page 40.

STILL-BIRTHS.—The number of still-births recorded during the year was 487. This number represents a proportion of 18·97 per thousand of all births in the County, as against 19·77 in the previous year.

The *rate* of still-births (per thousand of the population) was 0·30 in urban and 0·31 in rural districts, and 0·30 in the County as a whole. This proportion may be compared with the rate for England and Wales (0·36).

The number of still-births in each sanitary district of the County is shown in Table 2 at the end of this report.

INFANTILE MORTALITY.—There were 505 deaths of infants under one year of age in Kent during the year, which represents an infantile mortality rate (number of deaths among children under one year of age per thousand live births) of 20·05, as compared with 20·25 in the preceding year. The infantile mortality rate per 1,000 legitimate births is 19·75 and per 1,000 illegitimate births is 26·78.

These deaths of infants formed 2·62 per cent. of the total deaths at all ages (2·75 per cent. in 1957).

NEO-NATAL MORTALITY.—There were 366 deaths of infants under four weeks of age during the year, which represents a neo-natal mortality rate (number of deaths among children under four weeks of age per thousand related live births) of 14·53.

Of the 25,189 births in the County, 1,086 were illegitimate, being 4·30 per cent. of the total.

MATERNAL MORTALITY.—There were 10 maternal deaths (including abortion) which represents a maternal mortality rate (maternal deaths per 1,000 total births), of 0·39.

The rates in the different sanitary districts will be found in Table 2 at the end of this report; and Table 7 shows the causes of death in children under one year of age, for the years 1938, 1957 and 1958.

DEATHS.—The number of deaths registered in the County (i.e. the number of deaths of persons resident in Kent) during 1958 was 19,252—an increase of 1,044 on the total for the previous year. Male deaths totalled 9,732, female deaths 9,520.

Crude death-rates were 11·79 for the urban areas, 12·08 for the rural districts, and 11·85 for the whole County.

The following tabulation shows the crude death-rates recorded in Kent during 1938, 1957 and 1958. The rates for England and Wales are added for comparative purposes.

	1938	1957	1958
Urban Districts	10·6	11·05	11·79
Rural Districts	11·4	12·15	12·08
Whole County	10·8	11·28	11·85
England and Wales	11·6	11·5	11·7*

* Provisional.

The number of deaths in each sanitary district, and the deaths in age-groups, and by cause, are shown in Tables 5, 6 and 8 at the end of this report.

The causes of death in order of importance show little variation from year to year, and the following table shows the order of the principal causes in the three years, 1938, 1957 and 1958, the number of deaths under each heading, the death-rate, and the percentage of each group to the total number of deaths from all causes:—

Cause of death	1938			1957			1958		
	Number of deaths	No. of deaths per 1,000 population	Percentage to the total number of deaths from all causes	Number of deaths	No. of deaths per 1,000 population	Percentage to the total number of deaths from all causes	Number of deaths	No. of deaths per 1,000 population	Percentage to the total number of deaths from all causes
Heart Disease	4,144	2·99	27·86	5,948	3·69	32·67	6,491	4·00	33·72
Cancer (all sites)	2,368	1·71	15·92	3,375	2·09	18·54	3,413	2·10	17·73
Pneumonia	727	0·52	4·89	889	0·55	4·88	1,078	0·66	5·60
Diseases of circulatory system (other than Heart Disease)	817	0·59	5·49	868	0·54	4·77	961	0·59	4·99
Bronchitis	358	0·26	2·41	865	0·54	4·75	940	0·58	4·88
Violence (all forms)	699	0·50	4·70	714	0·44	3·93	819	0·50	4·25
Ulcer (Stomach and Duodenum)	156	0·11	1·05	208	0·13	1·14	204	0·13	1·06
Tuberculosis (all forms)	778	0·56	5·23	132	0·08	0·72	149	0·09	0·69
Nephritis	370	0·27	2·49	151	0·09	0·83	165	0·10	0·86
Diabetes	201	0·15	1·35	110	0·07	0·60	118	0·07	0·61
Gastritis, Enteritis & Diarrhoea	87	0·06	0·58	87	0·05	0·48	74	0·05	0·38
Influenza	175	0·13	1·18	177	0·11	0·97	97	0·06	0·50
TOTALS	10,880	7·85	73·14	13,524	8·38	74·28	14,509	8·93	75·36

There was a small decrease in the proportion of deaths in the age groups under 1 year (0·2%), 5 to under 15 years (0·2%) 15 to under 45 years (0·5%) and 45 to under 65 years (0·2%). The age group 65 and over shows an increase of (1·1%). It will be seen that in the last 20 years there has been a marked decline in each of the age groups under 65 years with a corresponding rise in the 65 years and over group (16·8%).

In the following summary the deaths in age-groups are expressed as percentages of the total deaths:—

Year	Percentage of Total Deaths Age-Group						
	Under 1 year	1 to under 5	5 to under 15	15 to under 45	45 to under 65	65 years and over	Total
1938	5·9	1·7	1·7	11·4	23·9	55·4	100·0
1957	2·8	0·4	0·6	4·5	20·6	71·1	100·0
1958	2·6	0·4	0·4	4·0	20·4	72·2	100·0

NOTIFIABLE INFECTIOUS DISEASES

The number of notifications of infectious diseases in each of the sanitary districts in Kent is shown in Table 3 at the end of this report.

A summary of the notifications, incidence-rates, deaths and death-rates of the principal infectious diseases in the County is shown in Table 4 at the end of this report.

SMALLPOX.—Once again no cases occurred during the year. It is now twelve years since the last case was notified.

SCARLET FEVER.—There was a considerable increase in the number of cases (1957—872, 1958—1,307). It is eleven years since there was a death from the disease.

DIPHTHERIA.—No cases of diphtheria were reported; it is now five years since a case occurred in a child under 15 years of age.

ENTERIC FEVER.—A slight increase in the number of cases, 17 as against 12 in 1957.

MEASLES.—A considerable decline in the number of cases reported last year, 8,294 as against 23,560 in 1957. One death occurred of a child in the 5 to 15 age group.

WHOOPING COUGH.—Only about one quarter the number of cases notified, 1,689 as against 6,082 in 1957. There were no deaths.

POLIOMYELITIS AND POLIOENCEPHALITIS.—Very few cases notified, 40 as against 380 in 1957. The division between paralytic and non-paralytic cases being 29 to 11. There were four deaths.

OPHTHALMIA NEONATORUM.—A small increase in the number of cases, 11 as against 8 last year.

MALIGNANT NEOPLASM.—Once again there was an increase in the number of deaths, the total being 3,413 as against 3,375 in 1957. (17·73% of the recorded total of deaths from all causes). The mortality rate of 2·10 per thousand of the population is 0·01 higher than in 1957.

The following tabulation shows the mortality from cancer recorded in Kent during the years 1938, 1957 and 1958:—

KENT	1938	1957	1958
URBAN			
No. of Deaths	1,889	2,631	2,711
Death-rate	1·72	2·08	2·13
RURAL			
No. of Deaths	479	744	702
Death-rate	1·70	2·16	2·01
TOTAL			
No. of Deaths	2,368	3,375	3,413
Death-rate	1·71	2·09	2·10

Once again deaths from cancer have shown a small increase, the increase being 38; 19 fewer males and 57 more females. There was a decrease in the deaths in the age group 15 to under 45 but increases in the age groups 45 to under 65 years and 65 years and over. The percentage of the total number of deaths from all causes decreased by 0·81 to 17·73.

The age-sex distribution of the deaths is shown below, and for comparison there is added the years 1938 and 1957.

	All ages	Per-centage	Under 1	1 to under 5	5 to under 15	15 to under 45	45 to under 65	65 and over
1938 M.	1,095	46.2	—	2	—	56	427	610
F.	1,273	53.8	1	2	—	99	490	681
TOTAL ..	2,368	100.0	1	4	—	155	917	1,291
1957 M.	1,769	52.4	—	5	1	94	647	1,022
F.	1,606	47.6	1	1	4	111	522	967
TOTAL ..	3,375	100.0	1	6	5	205	1,169	1,989
1958 M.	1,750	51.27	—	3	6	64	633	1,044
F.	1,663	48.73	1	3	4	101	568	986
TOTAL ..	3,413	100.00	1	6	10	165	1,201	2,030

DIPHTHERIA IMMUNISATION

Again no case of diphtheria occurred in the County in a child under the age of 15 years, this being the fifth year in succession. There was a further drop in the percentage of all children under the age of 15 years immunised as at the 31st December, the percentage being 50.2 as against 52.3 in 1957. It can, therefore, be said that half the children under the age of 15 years are at risk and that should any cases of diphtheria occur the outcome could be very serious.

The following table shows the notifications and deaths for Kent and England and Wales since 1948:—

Year	Deaths		Corrected Notifications	
	Kent	England and Wales	Kent	England and Wales
1948	1	156	52	3,575
1949	1	84	29	1,890
1950	3	49	16	962
1951	1	33	5	664
1952	1	32	4	376
1953	—	23	2	266
1954	—	9	1	173
1955	—	13	—	169
1956	—	8	—	63
1957	—	6	1	40
1958	—	8	—	79

The following table shows the number of children under the age of 15 years at 31st December, 1958, who at any time prior to that date received a course of immunisation:—

Age on 31.12.1958 (i.e. born in year)	Under 1 1958	1 to 4 1954–1957	5 to 9 1949–1953	10 to 14 1944–1948	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1954–1958	3,265	61,912	77,103	46,022	188,302
B. Number of children whose last course (primary or booster) was completed in the period 1953 or earlier	—	—	40,917	51,509	92,426
C. Estimated mid-year child population	24,600	95,700	254,900		375,200
Immunity Index 100/A/C	13.3	64.7	48.3		50.2

The Immunity Index on the last line of the table represents the true percentage of immunisation in the County or, in other words, children who have had a completed course of injections during the last five years. Once again the Immunity Index of children under one showed a rise, 9·3 in 1956, 9·4 in 1957 and 13·3 in 1958, whereas in the other two age groups, 1-4 and 5-14 there was a decline of 1·1 and 3·0 respectively, and a decline of 2·1 in the total of all children under the age of 15 years. The decline in the older age group and in the total is probably as a result of the continuation of the policy to stop offering, as a routine, a second reinforcing injection to children aged about 9 or 10 years.

The same facilities for immunisation were available at all child welfare centres, doctors' surgeries and schools. Personal persuasion by doctors, midwives and health visitors was still relied upon, more than paper and poster publicity.

The following table shows the number of children who received a course of immunisation during 1958. There was a decrease of 596 in the number of children who received a primary injection and of 7,653 in the number of children who received a reinforcing injection, the latter decrease resulting from the change of policy mentioned above. It should be pointed out that these figures are only based on actual records received and can, therefore, be regarded as a minimum:—

Year of birth	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	Total
Primary ..	3,200	12,133	1,811	426	306	400	358	138	69	58	63	29	42	16	21	19,070
Reinforcing	—	—	239	84	651	5,639	2,382	474	237	820	392	154	246	30	22	11,370

The following table shows the division between immunisations carried out by general practitioners and those carried out under County Council arrangements at clinics and schools in 1958:—

<i>Children aged</i>	<i>Immunisation at Clinics</i>		<i>Immunisation at Schools</i>		<i>Immunisation by G.P.s</i>	
	Primary	Booster	Primary	Booster	Primary	Booster
Under 5 years	6,873	456	1	4	11,002	514
Over 5 years and under 15	458	4,182	177	1,589	576	4,628
Totals	7,331	4,638	178	1,593	11,578	5,142

Total number of children immunised at Clinics and Schools 13,740=45·11 % of total
 Total number of children immunised by General Practitioners 16,720=54·89 % of total

The majority of the children under the age of 5 years were immunised by general practitioners, whereas the majority of schoolchildren were immunised at schools and clinics.

VACCINATION AGAINST SMALLPOX

During the year, 16,873 persons were vaccinated against smallpox by their own general practitioners or at child welfare clinics. Of this number 13,302 were children under one year of age (1957—14,264), and once again a greater percentage of them were vaccinated by general practitioners, the proportion being 10,569 to 6,304.

Three cases of generalised vaccinia were reported during the year.

The following table shows the number of persons vaccinated during the year in age groups:—

Age at date of Vaccination	Under 1	1 to 4	5 to 14	15 and over	Total
No. vaccinated (1) ..	13,302	922	398	566	15,070
No. re-vaccinated (2) ..	—	106	354	1,225	1,803
TOTALS	13,302	1,028	752	1,791	16,873
General Practitioners (1)	7,379	701	713	1,776	10,569
	(55·47 %)	(68·19 %)	(94·81 %)	(99·16 %)	(62·64 %)
Clinics and others (2) and (3)	5,923	327	39	15	6,304
	(44·53 %)	(31·81 %)	(5·19 %)	(0·84 %)	(37·36 %)
TOTALS	13,302	1,028	752	1,791	16,873
	(100·00 %)	(100·00 %)	(100·00 %)	(100·00 %)	(100·00 %)

The following table shows, for purposes of comparison, the number of children under one year of age, who have been vaccinated each year since 1950:—

Birth Year	Number of Live Births	Vaccinated During Year	Number Vaccinated	Percentage of Live Births	Total No. Vaccinated	Percentage of Live Births
1949	24,546	1949 1950	7,280 4,872	29.66% 19.84%	12,152	49.5%
1950	22,909	1950 1951	7,945 5,292	34.68% 23.10%	13,237	57.78%
1951	23,002	1951 1952	8,322 5,108	36.18% 22.21%	13,430	58.39%
1952	22,707	1952 1953	8,211 5,183	36.16% 22.82%	13,394	58.98%
1953	23,078	1953 1954	8,366 5,479	36.25% 23.73%	13,845	59.98%
1954	22,879	1954 1955	8,529 5,438	37.28% 23.77%	13,967	61.05%
1955	22,545	1955 1956	8,519 5,888	37.79% 26.12%	14,407	63.90%
1956	23,318	1956 1957	8,963 6,279	38.44% 26.93%	15,242	65.37%
1957	24,693	1957 1958	8,200 6,540	33.20% 26.49%	14,740	59.69%
1958	25,189	1958	7,028	27.90%		

For the first time since vaccination ceased to be compulsory in 1948, the percentage of infants vaccinated against smallpox has shown a decline, although there has still been a rise of over 10% since 1949; this position has been reached primarily as a result of the personal persuasion of doctors, health visitors and midwives. It is not an easy matter to give a reason for this decline but with the number of injections now recommended to be given to children in the first year of life, it is possible that parents are beginning to forego injections which to them appear less important.

The following table shows the division between vaccinations carried out by general practitioners and those carried out under County Council arrangements during 1958.

	Under 1 year	1 to 4 years	5 to 14 years	15 and over
Vaccinations by G.P.s	7,379	701	713	1,776
Vaccinations by A.C.M.O.s	5,923	327	39	15

Total number of children under five vaccinated by general practitioners 8,080—56.39 of total

Total number of children under five vaccinated by Assistant County Medical Officers 6,250—43.61 of total

VACCINATION AGAINST POLIOMYELITIS

In view of the limited supplies of British vaccine becoming available a Ministry of Health Circular was issued at the end of 1957 stating that a decision had been taken to import vaccine from America and Canada. It was also decided to subject the vaccine not only to the safety test in the country of origin but also to the Medical Research Council's test in this country. All parents were informed when it was proposed to use imported vaccine. It was found however, that only a very small percentage insisted on British vaccine and in some cases when it was realised how uncertain supplies of British vaccine were, the majority were prepared to accept the imported vaccine. A further difficulty which presented itself with the importation of vaccine, was the absence of 1 cc. ampoules; only 9 cc. or 10 cc. containers being available. This difficulty was felt more by general practitioners, particularly those with more rural practices, where it was necessary to arrange attendances of patients in multiples of 9 or 10 to avoid wastage of vaccine. As a result of these difficulties, together with that of storage, approximately

two thirds only of the general practitioners were carrying out vaccinations. For various reasons little British vaccine became available during the first six months of the year and on the 8th May a further Ministry of Health Circular was issued. This stated that imported vaccine would no longer be subjected to tests in this country but that parents must be given the opportunity of waiting for either British or British-tested vaccine. Once again, however, the majority of parents were prepared to accept whatever became available. In the case of schoolchildren, wherever possible the injections were carried out in schools so causing very little disruption to the normal school routine. For pre-school-children, wherever possible the injections were given during, or at the end of, child welfare clinics, but where the numbers were too great special sessions were arranged.

On the 2nd September a further Ministry of Health Circular was issued, again extending the scheme to include all persons born since 1st January, 1933, all hospital staff coming into contact with patients, medical students and to families of these groups, and to the giving of a third injection to all persons who had received two injections more than seven months previously. This extension meant that more than half a million persons were now eligible for vaccination. Posters were printed and displayed at appropriate places in each town and also sent for display at all the main firms in the County, totalling between four and five hundred. All general practitioners were notified, child welfare clinics displayed notices and schoolchildren were issued with a circular, with consent form attached, offering facilities for initial vaccination or for a third injection.

The response from the older age group was very small, in fact not more than 5 per cent. showed any interest, whereas, requests for a third injection from the parents of children who had previously had two were very high.

The following tables give details of injections carried out during the year and the number of notifications and deaths from poliomyelitis during the last nine years:—

Year of Birth	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	Other Groups	TOTAL
	2,431	12,237	16,806	16,244	14,349	13,754	13,384	12,661	9,494	9,401	9,629	10,721	16,646	12,907	12,865	9,406	229	6,928	200,092

Year	1950	1951	1952	1953	1954	1955	1956	1957	1958
Notifications—Paralytic ..	149	88	135	146	40	170	63	217	29
Non-Paralytic ..	132	87	43	61	23	94	49	163	11
Deaths	13	13	11	17	6	17	8	19	4

VACCINATION AGAINST WHOOPING COUGH

In October 1957 a scheme for vaccinating children against whooping cough was introduced at all child welfare clinics throughout the County. The introduction of the scheme resulted from a Ministry of Health statement that an effective vaccine had now been produced. The question of using a triple antigen had been considered but in view of a Medical Research Council report regarding an increased risk of provoking paralysis due to poliomyelitis, it was decided for the present to use the plain pertussis vaccine. All general practitioners in the County were also advised of the introduction of the scheme and that supplies of this vaccine would be made available on demand, although those who still preferred to use the triple antigen were of course free to do so ordering the material in the usual way through the National Health Service.

In order to provide protection at an age when the disease is most liable to have serious results, it is emphasised that the first injection should be given not later than three months of age. Consent forms are distributed to all parents by health visitors making their initial visit, advising them to have their children protected either by their own doctors or at the local child welfare clinic.

The following table shows the number of children who received protection during the year. All combined injections given by general practitioners have also been included.

Year of birth	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	Total
	7,417	13,058	2,172	709	443	352	168	78	31	65	24,493

The following table gives the numbers of notifications and deaths from whooping cough during the last ten years.

Year	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949
Notifications	1,689	6,082	4,224	3,672	6,550	6,412	4,054	10,225	4,672	4,310
Deaths	—	4	2	2	4	7	5	17	7	11

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The various services provided under Section 28 of the National Health Service Act, 1946, have been maintained during the year.

TUBERCULOSIS NOTIFICATIONS

During the year 987 (1957—1,135) persons were notified as suffering from tuberculosis. On the 31st December, 18,134 (1957—18,773) persons remained on the registers of medical officers of health. Summaries of notifications will be found on pages 15 and 16.

PROVISION OF EXTRA FOODS

2,813 recommendations were made by chest physicians, of which 2,587 were approved, the remainder not being approved as, at the time of recommendation, the patients' financial circumstances brought them outside the application of the Council's assessment regulations.

REHABILITATION

Persons suffering from inactive tuberculosis who are fit enough to undertake five hours' work a day can, on the recommendation of the chest physician, be admitted to rehabilitation units established at Preston Hall, Maidstone; Papworth Hall, Cambridge, and Enham Alamein, Andover. At the end of 1957, 23 were receiving rehabilitation; during 1958, 10 were admitted, 13 discharged and 20 remained at the end of the year.

BEDS AND BEDDING

85 patients, on the recommendation of chest physicians and general practitioners, were provided, on loan, with beds and bedding during the year.

KENT COUNCIL OF SOCIAL SERVICE

This Council has continued to afford assistance to patients and their dependants in the form of extra milk, beds and bedding, clothing, holidays, materials for diversional therapy, finding suitable employment, fares to visit patients in sanatoria and hospitals, re-housing and removal expenses. The County Council make an annual grant for administrative expenses only.

B.C.G. VACCINATION

The carrying out of this vaccination has now been extended to include schoolchildren aged between 13 and 14 years as well as persons in close contact with patients suffering from tuberculosis. By the end of the year 7,353 schoolchildren had been vaccinated and 2,721 contacts. The schoolchildren were vaccinated at schools by Assistant County Medical Officers and the contacts by chest physicians at the chest clinics.

MEANS OF CONTROLLING TUBERCULOSIS

The means of controlling tuberculosis are the same as given in the Annual Report for 1953, when a full description of the measures taken was included.

ASCERTAINMENT OF CONTACTS

Contacts of persons known to be suffering from tuberculosis are persuaded by the health visitors to attend the chest clinics for examination.

The following table shows the extent of contact examination during the years 1954–1958:—

Year	1954	1955	1956	1957	1958	Total
Number notified as suffering from tuberculosis ..	1,311	1,188	1,225	1,135	987	5,846
Number of contacts examined	3,624	7,862	12,491	10,876	9,764	44,617
Number found to be tuberculous	87	93	130	84	79	473

EMPLOYMENT OF PERSONS KNOWN TO BE SUFFERING FROM TUBERCULOSIS

Sputum positive cases are not generally encouraged to return to work but if they do, every precaution is taken to ensure that there is no spread of infection. Where the previous employment is not considered suitable, the Disablement Resettlement Officer of the Ministry of Labour, endeavours to find alternative employment or in certain cases the patient will undertake a course of training for work suitable to his condition.

ILLNESSES GENERALLY RECUPERATIVE CARE

The following table shows the extent of recuperative care provided during the year:—

					<i>No. of Persons Admitted</i>	<i>Total Weeks</i>	<i>Average Stay</i>	
							<i>Weeks</i>	<i>Days</i>
<i>Adults</i>	..	..	..	Male	40	87.0	2	1
				Female	115	271.5	2	3
<i>School Children</i>	..	..	..	Male	9	43.2	4	6
				Female	5	24.3	4	6
<i>Children under 5 years of age</i>	..	..	..	Male	7	45.6	6	4
				Female	1	8.0	8	—
<i>Mother and Baby</i>	..	..	..	..	6	13.0	2	1
TOTALS					183	493.2	2	5

Recuperative residential care is provided under Sections 22 and 28 of the Act. This is restricted to instances where a person has suffered from an illness which has been treated either in a hospital or at home and whilst needing further medical and/or nursing care of the type that can be provided by a general practitioner and home nurse, cannot have that care at home.

It may be of interest to note that 282 applications for recuperative care were received of which 183 were accepted. The other 99 cases were either withdrawn before going away, or were found to be outside the scheme approved by the County Council.

NURSING REQUISITES

The British Red Cross Society and St. John Ambulance Brigade, as agents of the County Council, continued to provide from their depots nursing requisites to persons ill at home. The County Council also supplied on loan lifting hoists to seventeen patients.

BEDS AND BEDDING

105 persons were provided with beds and bedding during the year. *Paraplegics*—a hospital-type bed, lifting pole and handle, together with such special nursing equipment as may be recommended by the hospital concerned is provided for persons suffering from paraplegia.

VENEREAL DISEASE

The two female Social Workers carried out the following visits in connexion with their duties in tracing contacts and following up persons who have not maintained attendance at clinics:

Number of persons visited	..	..	..	669
Number who attended for treatment	..	..	..	547

HEALTH EDUCATION

The services of a health education lecturer, on a part-time basis, were maintained during the year. Lectures were given at 117 meetings of various organisations on different aspects of health education covering social hygiene, including venereal disease and other associated problems as well as sex education; also aspects of physical education, general physical fitness, food handling and prevention of contamination; immunisation against diphtheria and vaccination against smallpox, poliomyelitis and whooping cough, smoking and lung cancer, control of infectious diseases and local health services.

ORTHOPAEDIC SERVICES

The arrangements made for the treatment of children suffering from crippling defects continued to operate satisfactorily during the year.

In 1958 there were 25,645 attendances at the non-hospital clinics compared with 25,369 attendances during 1957. Of the former figure, 94.6% were children in attendance at maintained schools and 5.4% children under school age.

Particulars of primary notifications of new cases of tuberculosis, and of deaths from the disease, in Kent during 1958:—

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	1	3	—	—	—	—	—	—
1—2	—	3	—	—	}	—	1	—
2—5	9	12	—	—		—	—	—
5—10	11	11	1	3	}	—	1	—
10—15	14	7	3	4		—	—	—
15—20	41	39	9	3	}	—	1	—
20—25	34	37	3	5		2	—	—
25—35	70	78	8	9	}	8	—	4
35—45	76	51	8	7		9	—	—
45—55	98	35	2	2	}	53	3	3
55—65	84	23	5	3		16	—	—
65—75	46	15	5	2	26	8	—	—
75 and upwards ..	25	11	1	1	10	3	—	1
TOTALS	509	325	45	39	97	38	6	8
	918				149			

CARE OF MOTHERS AND YOUNG CHILDREN

The main features of the Council's scheme for the care of mothers and young children remained as in previous years. During the year assistance was given in the Perinatal Mortality Survey sponsored by the National Birthday Trust Fund. Help was also continued to the Medical Research Council by the selection of children and the collection of specimens for the investigation into the incidence of poliomyelitis virus in the stools of pre-school children.

NOTIFICATION OF BIRTHS UNDER THE PUBLIC HEALTH ACT, 1936

An analysis of all births notified during 1958 shows the place of confinement:—

Number of Births	Place of Confinement		
	Domiciliary	Hospital	Nursing Home
25,447	9,426 (37·04%)	15,119 (59·41%)	902 (3·55%)

The adjusted totals of notifications received during the year, i.e., the deduction of those births occurring within the County but relating to non-County residents, and the addition of those births occurring outside the County but relating to Kent residents, gives the following result:—

	Domiciliary Institutional		Total
Live births	9,334	15,682	25,016
Still births	74	441	515
TOTALS	9,408	16,123	25,531

MATERNAL MORTALITY

The following table gives details of the deaths in the County of women in childbirth during each of the last ten years. For purposes of comparison the average figures for the five years 1954–1958 are added.

Year	No. of maternal deaths	No. of live births	No. of still-births	Maternal mortality rates	
				per 1,000 of all births	per 1,000 of live births
1949	29	24,546	522	1.2	1.2
1950	10	22,909	470	0.5	0.5
1951	21	23,002	497	0.9	1.0
1952	12	22,706	495	0.5	0.5
1953	22	23,078	468	0.9	1.0
1954	12	22,879	474	0.5	0.5
1955	15	22,545	428	0.7	0.7
1956	12	23,318	468	0.5	0.5
1957	8	24,457	474	0.3	0.3
1958	9	25,016	515	0.3	0.3
Average of five years, 1954–1958	11	23,643	472	0.5	0.5

Enquiries have been made into nine deaths of women normally resident in the Administrative County, that were due to or associated with pregnancy, childbirth or abortion and the following information was obtained:—

	<i>Death from Sepsis</i>	<i>Death from Other Causes</i>	<i>Total</i>
Women who had arranged for a home confinement	—	2	2
Women who had arranged to be confined in a nursing home	—	1	1
Women who had arranged to be confined in a hospital	—	3	3
Women who had made no arrangements for their confinement	1	2	3

One of these women died at home and the remaining eight died in hospitals to which they had been admitted either for confinement or transferred as emergency cases.

CHILD WELFARE CENTRES

At the end of the year there were 282 child welfare centres and 58 ante-natal and post-natal clinics in the County. 214 of these were staffed by general practitioners and the remainder by the Council's medical staff. The total attendances at child welfare centres during the year were 456,484 covering 59,248 children; of these 21,101 under one year of age attended for the first time during the year, which represents 85% of the total live births in the year. At ante-natal and post-natal clinics there were 5,774 first attendances and 21,150 subsequent attendances.

SPECIAL CARE OF PREMATURE INFANTS

During the year notifications were received of 1,461 babies who weighed $5\frac{1}{2}$ lbs. or less at birth. Details of these are given in the following tabulation from which it will be seen that 1,061 were born in hospital and 43 in nursing homes. The remaining 357 were born at home, although 74 were subsequently transferred to hospital.

Notifications were received relating to 253 premature still-births, and details of these are also given in the following table:—

Weight at Birth (1)	PREMATURE LIVE BIRTHS															PREMATURE STILL-BIRTHS		
	*Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
(a) 3 lb. 4 oz. or less (1,500 gms. or less)	136	66	43	5	5	—	15	4	5	—	—	—	—	—	—	99	6	1
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	225	24	178	20	—	19	27	3	22	4	—	3	6	—	4	53	8	1
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	233	6	220	40	—	40	17	2	13	10	—	10	2	—	1	33	7	2
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	467	14	448	218	3	212	15	1	10	20	1	19	1	—	—	32	11	—
TOTALS . . .	1061	110	889	283	8	271	74	10	50	34	1	32	9	—	5	217	32	4

* The group under this heading includes babies who were born in one hospital and transferred to another.

CARE OF ILLEGITIMATE CHILDREN

The main provision for the institutional care of unmarried mothers and their babies is through voluntary organisations, usually at homes administered by the Canterbury and Rochester Diocesan Councils for Moral Welfare. During the year there were 135 admissions at the request of the Council to voluntary homes.

The Council's Mother and Baby Home, which has twenty-two beds and fourteen cots, admitted 113 patients during the year, and these included a number who would not normally be accepted in the Diocesan Homes because of previous pregnancies or other considerations. Special arrangements needed to be made for the future care of some of these women and their babies, and there is a close association between the officers of the Council and the workers for the voluntary organisations.

HEALTH VISITING

The approved establishment of health visitors remains at 275, but the numbers employed at the end of the year were 249 whole-time and 8 part-time. The majority of the health visitors are engaged on combined duties, e.g., care of mothers and children and the School Health Service. The work of tuberculosis home visiting continues to be carried out by health visitors who also attend the Chest Clinics. In certain parts of the County the health visitors also act as Assistant Mental Health Officers as described in the Mental Health Section of this report.

The number of children under five years of age visited during the year totalled 109,112. First visits were paid during the year to 3,377 expectant mothers and to 28,196 children under one year of age. The number of families or households visited during the year was 91,392, and the total number of visits paid by health visitors was as follows:—

To expectant mothers	..	..	..	..	..	5,659
To children under 1 year	..	..	..	..	..	143,446
To children aged 1 and under 2 years	..	..	..	..	..	80,923
To children aged 2 and under 5 years	..	..	..	..	..	128,534
To patients with tuberculosis	..	..	..	..	..	38,333
Other visits (hospital care, care of old people, etc.)	..	..	..	..	..	29,315
TOTAL VISITS	..	..	..	..	..	426,210

NURSERIES AND CHILD MINDERS (REGULATION) ACT

At the end of the year 19 premises were registered as nurseries under the Act, with total accommodation for 436 children. There were also 105 registrations for child minders covering a total provision for 839 children. Regular inspections of the premises are carried out by health visitors.

DENTAL TREATMENT

Although the population of the Administrative County has increased since 1948 by 144,970, difficulties of recruitment limited the number of dental surgeons in terms of whole-time employed by the Education Committee for all duties to 33 at the end of 1958. When the provisions under Section III of the National Health Service Act came into force in 1948 the equivalent of 3 whole-time dental surgeons at the end of the first year had devoted 1,431 half-day sessions to the inspection and treatment of 1,914 expectant and nursing mothers and 2,223 children under school age. During the intervening years, mainly because of the decrease in the number of attendances of mothers at ante-natal clinics throughout the County and the facilities provided at hospitals for ante-natal care, the number of mothers attending the Committee's clinics for treatment had progressively fallen to 726 by the end of 1958. During the year under review the equivalent of 1 3/11ths whole-time dental surgeons devoted 647 half-day sessions to the care of mothers and young children in 55 permanent clinics and in four mobile caravans visiting rural districts. 1. Particulars of the numbers of mothers and young children examined, referred and treated and made dentally fit, together with comparable figures since the National Health Service Act came into force are given below:—

Expectant and Nursing Mothers

Year	Examined	Needing Treatment	Actually treated including cases brought forward from previous year	Made Dentally Fit
1949	1,346	1,251	1,914	1,346
1950	841	801	1,412	1,128
1951	1,143	1,132	1,087	815
1952	1,338	1,314	1,248	1,044
1953	1,428	1,369	1,297	1,100
1954	1,278	1,216	1,134	1,017
1955	1,022	1,004	922	834
1956	1,107	937	911	572
1957	957	957	965	521
1958	829	810	726	520

Children under School Age

1949	1,385	1,154	2,223	1,909
1950	1,642	1,419	2,510	2,252
1951	2,717	2,540	2,495	2,295
1952	2,947	2,728	2,673	2,245
1953	2,601	2,381	2,324	2,127
1954	2,349	2,260	2,199	1,968
1955	2,084	1,896	1,668	1,534
1956	2,005	1,986	1,526	1,242
1957	1,585	1,572	1,620	1,264
1958	1,538	1,420	1,291	1,176

The oral hygienist working under the direction of the dental surgeon at Chatham, Gravesend, Orpington, Sidcup, Welling and St. Paul's Cray, carried out 2,383 scalings and polishing of teeth in 530 half-day sessions.

2. A summary of the work carried out for mothers and young children during the year is included in the tables below:—

TABLE "A"

Expectant and Nursing Mothers

Number treated	726
Number made dentally fit	520
Number of attendances	3,281
Number of extractions	2,111
Number of scalings and gum treatments ..	418
Number of teeth filled	698
Number of fillings inserted	735
Number of other operations	1,374
Number of dentures supplied	336
Number of dentures repaired	54

TABLE "B"

Children under School Age

Number treated	..	..	..	1,291
Number made dentally fit	..	..	..	1,176
Number of attendances	..	..	..	3,002
Number of extractions	..	..	..	1,570
Number of silver-nitrate treatments	..	..	..	578
Number of teeth filled	..	..	..	1,188
Number of fillings inserted	..	..	..	1,242

WORKSHOPS

The arrangements for the manufacture of artificial dentures for mothers and orthodontic appliances for school children by the 8 technicians in the Council's workshops in Dover and Maidstone were the same as in the previous year. Throughout the year the work was returned in its various stages to the dental surgeons within two or three weeks from the time of receiving the impressions. Owing to the decrease in the number of mothers attending the clinics for treatment 605 fewer dentures were made than in 1949, whilst on the other hand the manufacture of orthodontic appliances for school children had increased by 216 during the same period. Although much has been done to persuade mothers to take advantage of the facilities provided at the clinics for treatment, it is becoming very difficult because of the shortage of whole-time staff and the absence of an orthodontic dental surgeon to assist the dental surgeons in their examinations, diagnosis and treatment of patients in need of this service to keep the technicians fully employed.

Below in Table "C" shows the work carried out in the County Workshops:—

TABLE "C"

WORK CARRIED OUT IN COUNTY DENTAL WORKSHOPS

<i>Mothers and Young Children</i>						
<i>Dentures</i>			<i>Remakes</i>		<i>Repairs</i>	
336			4		54	
<i>School Children</i>						
<i>Dentures</i>	<i>Re-makes</i>	<i>Repairs</i>	<i>Orthodontic Appliances</i>	<i>Re-Makes</i>	<i>Repairs</i>	<i>Oral Screens</i>
426	15	76	1,275	1	223	138

DOMESTIC HELP SERVICE

The figures given below of the various categories of the 13,753 households where service was provided during the year again show a similarity to the totals for the previous year, which are indicated by the bracketed figures:—

Maternity (lying-in) patients	..	..	..	..	1,923	(1,921)
Tuberculosis patients	..	..	..	..	198	(239)
*Person or persons over 65 years	..	..	..	..	9,093	(8,725)
Others, e.g., illness, mental defective, etc.	..	..	..	..	2,539	(2,766)
Total households served	..	..	..	..	13,753	(13,651)

*Regular short period service was maintained for this group throughout the year and they received approximately 74% of the total service given.

The average number of helps employed remained at approximately 1,400 and the average total hours worked each week was equivalent to the whole-time service of 650 persons.

FAMILY HELP SERVICE

This service, which functions within the organisation of the domestic help service, continued to operate, and during the year, 564 applications were received compared with 548 during the previous year. All applications were received from the Children's Officer for temporary help to be provided during the absence of the mother and as an alternative to the children being taken into care by the Children's Committee. Help was provided for 377 families for an average of twenty-six days and covered the care of 1,393 children. The circumstances calling for the provision of this service were mainly the admission of the mother to hospital for treatment (196) and for confinement or complication in pregnancy (126) or to a convalescent home (19). In fifteen cases the need arose because of the death of the mother and twenty-one from desertion by the mother.

CHILD HELP SERVICE

This service provides a rehabilitation service for problem families and details of its operation were given in my Report for 1957. During the year 40 families received the initial service and 37 the "follow-up" service.

NIGHT ATTENDANT AND EVENING SERVICE

This service, which is provided under Section 28 of the National Health Service Act, 1946, and which also operates within the general organisation of the domestic help service, continued on the lines as previously reported. During the year 552 applications were received and in 525 of these, help was provided by the Council, 337 for night service and 188 for evening service. The sources from which these requests for service were received followed the usual pattern, 318 coming from the patients' doctors. 516 cases were terminated during the year and in the majority of instances this was because of admission to hospital or to home (149) or through death (135).

MIDWIFERY AND DISTRICT NURSING SERVICES

The staff at the end of the year consisted of 6 administrative midwifery and district nursing officers, 124 whole-time midwives, 182 whole-time district nurses, 124 whole-time district nurse midwives and 23 part-time nurses and midwives.

By arrangement with the East Sussex County Council a small amount of midwifery and district nursing is undertaken in an adjoining part of Kent by one of the East Sussex District Nursing Associations.

MIDWIFERY SERVICE

In the three following tables, relating to the work of midwives in the County, the corresponding figures for the previous year are shown in brackets for the purpose of comparison.

TABLE 1

The number of midwives practising in the County at 31st December, 1958 and the number of deliveries attended during the year.

	<i>Number of Midwives practising as at 31.12.58</i>		<i>Number of Patients delivered by Midwives during 1958</i>	
<i>Domiciliary Midwives</i>				
Midwives and Nurse/Midwives employed by the County Council	255	(256)	9,177	(8,642)
Nurse/Midwives employed by Voluntary Associations ..	1	(1)	—	(2)
Midwives in Private Practice	12	(24)	80	(103)
TOTALS	268	(281)	9,257	(8,747)
<i>Institutional Midwives</i>				
Midwives employed by Hospital Management Committee	284	(256)	13,005	(12,623)
Midwives employed by Voluntary Institutions	2	(2)	52	(47)
Midwives employed in Private Nursing Homes	10	(23)	270	(349)
Midwives in Military Families Hospitals	11	(15)	283	(258)
TOTALS	307	(296)	13,610	(13,277)
Totals for all Midwives	575	(577)	22,357	(22,024)

TABLE 2

The number of occasions Medical Aid was sought by midwives during 1958:—

	<i>By Domiciliary Midwives</i>		<i>By Institutional Midwives</i>		<i>Total</i>	
For the Mother	2,149	(1,728)	134	(36)	2,283	(1,764)
For the Child	416	(322)	23	(11)	439	(333)

TABLE 3

Details of certain Notifications submitted by midwives in accordance with the Rules of the Central Midwives Board, during 1958:—

	<i>By Domiciliary Midwives</i>		<i>By Institutional Midwives</i>		<i>Totals</i>	
Still-birth	56	(61)	45	(42)	101	(103)
Death of Mother	1	(3)	1	(1)	2	(4)
Death of Infant	19	(9)	15	(16)	34	(25)
Laying out a dead body	44	(43)	2	(1)	46	(44)
Liability to be a source of infection..	18	(28)	1	(2)	19	(30)
Adoption of artificial feeding ..	864	(640)	2,001	(1,732)	2,865	(2,372)
TOTALS ..	1,002	(784)	2,065	(1,794)	3,067	(2,578)

During the year the Council's midwifery staff made 20,637 visits to 7,340 patients who had been confined in hospital and discharged home before the 14th day of the lying-in period; during the previous year approximately 19,000 visits were made to 7,127 such patients.

DOMICILIARY AND INSTITUTIONAL CONFINEMENTS

The figures given below show the proportion of institutional and domiciliary births in the County classified according to areas:—

ANALYSIS OF BIRTHS IN THE ADMINISTRATIVE COUNTY OF KENT CLASSIFIED AS TO DOMICILIARY, NURSING HOME AND HOSPITAL

Area showing Main Towns	Population*	Place of Confinement				Percentage				
		D.	N.H.	H.	Total	D.	N.H.	H.		
No. 1. Ashford, Deal, Dover, Folkestone.										
1956	Whole Year	206,320	1,339	207	1,476	3,022	=	44·31	6·85	48·84
1957	„ „	205,840	1,298	236	1,513	3,047	=	42·60	7·74	49·66
1958	„ „	207,690	1,332	251	1,554	3,137	=	42·40	8·00	49·60
No. 2. Thanet Towns, Herne Bay, Whitstable, Sandwich.										
1956	Whole Year	178,640	964	211	1,261	2,436	=	39·57	8·66	51·77
1957	„ „	179,090	1,043	282	1,332	2,657	=	39·26	10·61	50·13
1958	„ „	178,370	1,006	127	1,264	2,397	=	41·90	5·30	52·80
No. 3. Maidstone.										
1956	Whole Year	143,650	1,035	98	1,047	2,180	=	47·47	4·49	48·03
1957	„ „	144,450	1,057	91	1,086	2,234	=	47·32	4·07	48·61
1958	„ „	144,550	1,152	92	1,067	2,311	=	49·85	3·98	46·17
No. 4. Tunbridge Wells, Sevenoaks.										
1956	Whole Year	142,710	554	100	1,279	1,933	=	28·66	5·17	66·17
1957	„ „	143,910	625	73	1,413	2,111	=	29·61	3·46	66·93
1958	„ „	145,530	630	83	1,435	2,148	=	29·32	3·86	66·82
No. 5. Medway Towns, Faversham, Sittingbourne, Sheerness, Gravesend, Northfleet.										
1956	Whole Year	356,360	2,535	368	2,746	5,649	=	44·88	6·51	48·61
1957	„ „	360,150	2,718	308	2,985	6,011	=	45·22	5·12	49·66
1958	„ „	361,360	2,945	352	2,987	6,284	=	46·86	5·61	47·53
No. 6. Bexley, Crayford, Dartford, Erith.										
1956	Whole Year	249,630	777	18	2,920	3,715	=	20·92	·48	78·60
1957	„ „	253,800	879	9	3,089	3,977	=	22·10	·23	77·67
1958	„ „	257,290	963	21	3,146	4,130	=	23·32	·50	76·18
No. 7. Beckenham, Bromley, Chislehurst, Orpington, Penge.										
1956	Whole Year	323,690	1,140	37	3,519	4,696	=	24·28	·79	74·93
1957	„ „	326,560	1,314	49	3,621	4,984	=	26·36	·98	72·66
1958	„ „	329,210	1,380	38	3,706	5,124	=	26·93	·74	72·33
TOTALS:										
1956	Whole Year	1,601,000	8,345	1,039	14,248	23,632	=	35·31	4·40	60·29
1957	„ „	1,613,800	8,934	1,048	15,039	25,021	=	35·70	4·19	60·11
1958	„ „	1,624,000	9,408	964	15,159	25,531	=	36·80	3·80	59·40

(D. = Domiciliary. N.H. = Nursing Home. H. = Hospital.)

*Registrar-General's Estimates of Population at 30th June.

INHALATIONAL ANALGESICS

Relief of pain at child-birth can be provided by midwives administering to their patients either a mixture of nitrous oxide and air or a mixture of trichloroethylene and air. The former of these two methods has been in use by County midwives in Kent since 1945; the latter method has only recently been approved by the Central Midwives Board as a safe means of procuring analgesia at child-birth by practising midwives. During 1955 a commencement, on a small scale, was made in the use of trichloroethylene by the Council's midwives who, in 1958, administered it to 1,277 patients, representing an increase of more than 100% over the previous year.

The following figures show the trend over the last ten years of the use of inhalational analgesics by domiciliary midwives in Kent.

<i>Year</i>	<i>Approximate percentage of Domiciliary Confinements at which analgesia was administered</i>					
1949	52.0
1950	63.8
1951	66.4
1952	72.0
1953	76.9
1954	79.1
1955	83.0
1956	83.8
1957	87.1
1958	86.8

USE OF PETHIDINE BY MIDWIVES

Midwives are permitted to use Pethidine which assists in the relief of pain at childbirth. During 1958, domiciliary midwives used this drug in approximately 45.6 per cent of the deliveries attended by them, compared with 47.7 per cent in the previous year.

DISTRICT TRAINING OF PUPIL-MIDWIVES

A part of each pupil-midwife's training is received from a domiciliary midwife with whom she works for a period of three months attending patients in their homes. The scheme was operated during the year by 28 midwives employed by the Council and approved by the Central Midwives Board to provide this district training in conjunction with the following hospitals:—

Pembury Hospital, near Tunbridge Wells
All Saints' Hospital, Chatham
West Hill Hospital, Dartford
Bexley Maternity Hospital, Bexleyheath
Kent and Canterbury Hospital, Canterbury

During the year 113 pupil-midwives completed their domiciliary training with County midwives.

The Ministry of Health Circular 8/56 set up machinery for the purpose of sharing amongst County Boroughs and County Councils as Local Supervising Authorities for the purpose of the Midwives Act, 1951, the costs of Second Part Midwifery Training of pupil-midwives.

It was in accordance with the Circular that, after the costs jointly incurred by the Council and each of the above-mentioned hospitals in training pupils during the financial year ended 31st March, 1958, had been calculated, a payment was made to each relevant hospital authority of such an amount that resulted in the Council meeting only the recommended 40% of the total.

COURSES OF INSTRUCTION FOR MIDWIVES

Section G. of the Rules of the Central Midwives Board requires midwives who are in regular practice to attend a residential refresher course which has been approved by the Board at intervals of five years. During 1958 arrangements were made for 83 of the Council's midwives and nurse/midwives to attend approved courses organised by the Royal College of Midwives so that they would comply with the Board's Rules and be in a position to continue with their midwifery work.

The Council held its twenty-seventh non-residential post-certificate course for practising midwives from 21st to 25th April, 1958, at County Hall, Maidstone, and the many midwives who participated made in all approximately 1,400 attendances.

DISTRICT NURSING SERVICE

At the 31st December, 1958, there were 329 district nurses, and district nurse/midwives employed by the Council, including 23 employed part-time only.

The following table shows the number of patients visited and the number of nursing attendances they received during the year in comparison with the three previous years. These figures show the first decreases to occur since the commencement of the National Health Service in 1948.

Patients attended during				Nursing attendances made during			
1955	1956	1957	1958	1955	1956	1957	1958
31,312	29,984	28,890	27,298	823,519	830,386	837,786	800,353

In the following table, showing the number of patients attended and the number of attendances received, classified under the different types of patients dealt with by the nurses during the year, the total of 27,298 patients included 58·8 per cent, who were 65 or over. The attendances made to these elderly patients accounted for 68·4 per cent of the total made to patients of all ages. These percentages show an increase on the corresponding figures for 1957 which were 57·0 per cent and 68·0 per cent, respectively.

The table also shows that of the patients of all ages who were attended in 1958, 3·2 per cent were infants of five years of age or less, which is slightly more than was the case in 1957.

	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal Complications	Others	Totals	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year	Children included in (2)-(7) who were under 5 at the time of the first visit during the year	Patients included in (2)-(7) who have had more than 24 visits during the year
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
No. of patients attended	24,289	2,301	4	471	218	15	27,298	16,006	523	7,451
No. of Nursing Attendances made by District Nurses	703,382	72,226	40	22,945	1,704	56	800,353	547,463	3,995	591,914

With the establishment of the use of antibiotics in the treatment of a wide range of illnesses, a large proportion of patients are visited only for the giving of injections. The 1958 decreases in the totals of the number of patients seen and the visits paid to them during the year is reflected in the number who were visited only to be given injections. During 1958, these patients totalled 8,053 and they received 292,682 visits as compared with 9,540 patients and 327,377 visits recorded for 1957.

BLIND PERSONS

The number of registered blind persons in the County at the 31st December, 1958, was 3,258 and the age-sex grouping is:—

Age group	Male	Female	Total	Approx. number of registered blind persons per 10,000 population in respective age groups
Under 1	0	0	0	2·18
1	0	1	1	
2	3	1	4	
3	1	2	3	
4	1	1	2	
5—10	26	16	42	25·43
11—15	17	13	30	
16—20	14	8	22	
21—29	39	26	65	
30—39	72	54	126	
40—49	95	81	176	
50—59	150	153	303	
60—64	103	127	230	
65—69	122	171	293	
70—79	323	592	915	
80—84	177	333	510	
85—89	93	263	356	
90 and over	27	152	179	
Unknown	0	1	1	
TOTALS	1,263	1,995	3,258	

The following table shows the action taken concerning the examination of persons alleged to be blind during 1958:—

	Number of examinations	Certified Blind		Not certified blind	
		Male	Female	Male	Female
NEW CASES	469	100	247	43	79
RE-EXAMINATIONS:—					
Previously blind—still blind	5	1	4	—	—
Previously blind—now not blind	9	—	—	3	6
Previously not blind—still not blind	48	—	—	17	31
Previously not blind—now blind	44	21	23	—	—
TOTALS	575	122	274	63	116

ST. DUNSTANERS

The number of St. Dunstaners registered in this County is 81, of whom 44 are in employment, 32 are unemployable, 4 are unemployed and 1 is receiving training.

REGISTER OF BLIND PERSONS

The central register of the blind is kept in the Health Department and arrangements have been made to keep the Kent County Association for the Blind informed of action taken concerning blind persons.

The Blind Welfare Services provided are:—

HOME TEACHERS

There are 15 home teachers who regularly visit the registered blind persons and keep in touch with those who are classed as partially sighted. Their duties include reporting on new cases with a view to registration and teaching Braille, Moon and pastime handicrafts in suitable cases. This pastime work is taught either in the homes of the blind persons, or at special classes when the number attending justifies such arrangement. The home teachers have formed and in some cases attend social clubs where an opportunity is provided for refreshment, education and games. Their duties are arranged to enable them to undertake certain enquiries and services for the Kent County Association for the Blind.

During the past year the home teachers made 19,281 visits, gave 828 lessons in Braille or Moon and 6,011 lessons in pastime handicrafts for blind persons and 952 visits, 88 lessons in Braille or Moon and 121 lessons in pastime handicrafts for partially sighted persons.

WORKSHOP EMPLOYMENT

There were 12 men and 4 women employed in workshops administered by the following Organisations:—

London Association for the Blind
Blind Employment Factory
Royal School for the Blind
Royal London Society for the Blind
General Welfare of the Blind
West Ham Municipal Workshops for the Blind
Catholic Vocational Training Centre for the Blind.

These workshop employees were occupied as follows:—

				Male	Female
Injection moulder	..	..	..	1	—
Basket makers	..	..	..	4	—
Brush makers	..	..	..	*4	—
Mat maker	..	..	..	1	—
Machine knitters	..	..	..	—	4
Boot repairer	..	..	..	1	—
Telephonist	..	..	..	1	—
				—	—
TOTAL	..	..		12	4
				—	—

* Includes one partially sighted person.

The rates of pay in the workshops are agreed rates fixed through the appropriate negotiating procedure. The workers' actual earnings are augmented by a sum of 15s. a week and additional supplementation as is necessary to bring the earnings plus augmentation up to an agreed minimum wage. The augmentation and supplementation is paid by the Council.

HOME EMPLOYMENT

Arrangements are made under the Home Workers Scheme whereby blind persons desiring to work on their own account can do so in their homes, at occupation centres or elsewhere other than in special workshops, except that no blind person is allowed to participate in these arrangements unless he is capable of earning such minimum sum each week and for such period as may be determined by the Council.

The earnings of Home Workers are augmented by the County Council. The rates of augmentation range between £3 15s. 0d. for men on net earnings of up to £4 10s. 0d. a week, reducing to 15s. a week on net earnings of £10 8s. 0d. a week and over, with reduced rates for women.

The scheme also provides for payments during sickness, unemployment and holidays, and tests for admission to and retention in the scheme.

At 31st December, 1958, there were 55 persons in the Home Workers Scheme—39 males and 16 females. The trades followed and the number in each, were as follows:—

	Male	Female
Basket makers	11	—
Chair seaters	*5	—
Hand knitter	—	1
Machine knitters	—	15
Mat-makers	3	—
Mattress-maker	1	—
Piano-tuners	15	—
Braille copyists	2	—
Woodworker	1	—
Shopkeeper	1	—

*Includes one partially-sighted person.

Home Workers are supervised by the Royal National Institute for the Blind, the National Library for the Blind, the Home Teachers and District Officers of the Department and receive assistance in the disposal of their products.

The Department has continued to consult with the Ministry of Labour and National Service regarding suitable training and employment for employable blind persons.

The Service for placement of blind persons in open industry is provided by the Royal National Institute for the Blind on behalf of the County Council.

FOLLOW-UP OF TREATMENT RECOMMENDED FOR REGISTERED BLIND
AND PARTIALLY SIGHTED PERSONS

Number of cases registered during 1958 in respect of whom Section F of forms B.D.8 completed by examining ophthalmologists recommended:—	Cause of Disability				
	Cataract	Glaucoma	Retrolental Fibroplasia	Others	Total
(a) No treatment	67	37	—	160	264
(b) Treatment:—					
(i) Medical	13	20	—	60	93
(ii) Surgical	83	8	—	17	108
(iii) Optical	8	—	—	21	29
TOTALS	171	65	—	258	494
Number of cases at (b) above, which on follow-up action, have:—					
Received treatment	25	5	—	29	59
Commenced and were continuing to receive treatment	8	12	—	40	60
Decided to have treatment some time in the future	25	6	—	15	46
Been found unfit to undergo treatment	11	1	—	6	18
Refused treatment	23	2	—	6	31
Died since recommendation made	8	1	—	2	11
Left the County before follow-up completed	4	1	—	—	5
TOTALS	104	28	—	98	230

OPHTHALMIA NEONATORUM

Ten cases of Ophthalmia Neonatorum were notified during the year, but in no instance was there loss or impairment of vision and no case remained under treatment at the end of the year.

WELFARE SERVICES FOR THE HANDICAPPED

HANDICAPPED PERSONS OTHER THAN THE BLIND, PARTIALLY-SIGHTED AND DEAF OR DUMB

The implementation of the Council's scheme for the provision of welfare services for handicapped persons other than the blind, partially-sighted and deaf or dumb, is still limited to the exercise of the mandatory duties prescribed therein and the carrying out of adaptations at the homes of handicapped persons.

As stated in my last Annual Report, the implementation of further powers in the scheme had to be deferred consequent upon the deletion from the estimates of financial provision for this purpose. However, provision was again made in the estimates during the year under review, for expenditure in the succeeding financial year, to enable further services to be provided to assist handicapped persons to engage in handicrafts in their homes or in centres.

The County register of handicapped persons other than the blind, partially-sighted and deaf or dumb comprised, at 31st December, 1958, the names of 112 handicapped persons who had applied for and had been assisted under the scheme.

During the year, adaptations were carried out at the homes of 28 persons, to secure their greater comfort or convenience.

PERSONS WHO ARE DEAF OR DUMB

Since the 1st April, 1958, the Canterbury Association for the Deaf and The Royal Association in Aid of the Deaf and Dumb have acted in their respective areas as agents for the County Council in the implementation of the mandatory provisions in the Council's approved scheme for the welfare of the deaf or dumb.

AMBULANCE SERVICE

The ambulance service provided under Section 27 of the National Health Service Act, 1946, operates from twenty-one ambulance stations with which are associated six places with telephones where vehicles can be stationed, generally in the day-time. Five of the smaller stations are operated by voluntary associations under agency arrangements, two of them being small country stations manned entirely by volunteers. In addition, a service to cover Canterbury and the adjacent County area is operated from a station in Canterbury by the Canterbury City Council on behalf of itself and the County Council. The Hospital Car Service is used in a few areas to provide supplementary transport for sitting patients.

To effect the most economical working, the County Council's policy has been to reduce the number of ambulance stations to a minimum consistent with the provision of reasonable cover. Since July, 1948, a progressive reduction has been effected in the number of ambulance stations from fifty-two to twenty-one and on the completion of a new station at Barnehurst, Crayford, in 1959, the number of stations will be still further reduced to nineteen.

The County Council has arrangements with the London County Council and the Canterbury City Council for the conveyance of patients suffering from typhus and smallpox, and with neighbouring local health authorities, on a reciprocal basis, for the nearest available ambulance to answer an emergency call and for assistance to be given in the event of a major accident. In one small country district the County Council provides a general ambulance service for the East Sussex County Council.

OPERATIONAL CONTROL

(a) *Stretcher Patients*

Requests for transport for stretcher patients, other than emergencies, are only accepted from medical practitioners, hospitals, midwives and nurses. Medical certificates are not required but the reason for the journey must be given to show that it is one for which the provision of special transport is justified.

(b) *Sitting Patients*

Except in an emergency, transport for sitting patients is usually only provided on receipt of a special form which includes information as to the nature of case, reason for the journey and a certificate which must be signed by a medical practitioner. In the case of continuing journeys, a new form is required each calendar month. All requests for transport are dealt with at the ambulance stations and further enquiries are made where appropriate. This procedure was instituted in November, 1949, when authority for medical practitioners and hospital officers to send requests for transport direct to the Hospital Car Service was withdrawn, and experience has shown that it ensures an effective control and enables the most economical use of vehicles to be made.

EMERGENCY CALLS

The control rooms at the ambulance stations at Broadstairs (which also covers the Canterbury, Deal, Dover, Folkestone and Lydd stations), Bromley, Chatham (which also covers the Maidstone, Sittingbourne and Sheerness stations) and Tunbridge Wells (which also covers the Cranbrook and Sevenoaks stations) are manned on a 24-hour basis. In the areas served by these ambulance stations all emergency calls are sent by the Post Office direct to the ambulance service. In the other areas of the County such calls are routed by the Post Office to the nearest manned fire station which then passes the call to the nearest manned ambulance station. With the provision of the new Barnehurst ambulance station, at which there will also be a continuously manned control room, and the completion of the re-organisation of the radio-telephony services in East Kent in 1959, it is intended ultimately to arrange

for all ambulance emergency calls throughout the County to be sent direct by the Post Office to the ambulance service. Special stocks of blankets, stretchers and first-aid equipment are kept at certain ambulance stations for use in major accidents.

The total number of accident and emergency patients attended during 1958 was 17,455 which represents 2·8 per cent of all patients conveyed by the service, and the average time taken to reach the scenes of accidents and emergencies from the receipt of the call was 6·4 minutes. The number of emergency cases attended has increased progressively from 11,768 in 1949 to the present figure of 17,455.

CO-ORDINATION OF JOURNEYS

Journeys are co-ordinated wherever possible so that a number of patients can be conveyed together in the same vehicle. All journeys of twenty miles or over are reported to the County Health Department for co-ordination when possible and shorter journeys are co-ordinated at the ambulance stations and, where appropriate, in conjunction with neighbouring stations.

RAIL JOURNEYS

Where practicable rail transport is used for long distance journeys and during 1958, 4,305 patients were conveyed by rail as compared with 4,337 in 1957. Specially designed stretchers, which can be used in railway carriages and also on the standard stretcher fittings in ambulances, are available at ambulance stations to facilitate the transportation of patients by rail. It is right to place on record the excellent arrangements made by the staff of British Railways for the welfare and comfort of these patients. It should be mentioned, however, that the increasing use of passenger trains consisting of non-compartment, centre gangway, multiple-unit train sets and coaches with compartments, which do not provide direct access to the platform, may well preclude the transport by rail of stretcher and other patients for whom a reserved compartment is essential.

RADIO-TELEPHONY

A system of radio-telephony was first introduced in the Medway Towns on 1st December, 1950, and has been extended by stages to cover the whole County although the arrangements in the Bexley, Crayford, Dartford and Erith area could not be made fully effective until the provision of the new ambulance station, incorporating a radio control centre for the area, at Barnehurst. The system comprises six main transmitting stations and 170 two-way mobile sets in vehicles. The majority of vehicles operating locally are radio-controlled and the equipment permits of inter-vehicle communication, which is of considerable value. The re-organisation of the system to conform to a new system of "narrow channel" frequencies which is to be introduced by the General Post Office, and to provide radio links between main stations to give greater operational efficiency, was commenced during 1958, in East Kent. The services in the other areas of the County will be taken in hand progressively in conjunction with the replacement of worn out equipment.

MAINTENANCE AND REPAIR ORGANISATION

On 1st April, 1952, a separate vehicle repair and maintenance organisation was instituted for the ambulance service, this work having previously been undertaken by the Fire Service. The maintenance and repair of vehicles is done under the supervision of the ambulance service engineers, by ambulance service mechanics, by the Roads Department's Central Repair Depot and the Fire Service's Workshops where practicable and, by commercial garages. Workshop facilities are provided at present at three ambulance stations and similar provision will also be made in new station buildings. Ambulance stations where workshop facilities are not available are visited by mechanics, who are provided with specially fitted service vans, to carry out routine inspections, maintenance and minor repairs.

STATION ACCOMMODATION

Many of the ambulance station premises are unsatisfactory, being inadequate both as to office and staff accommodation generally and also as regards garage accommodation. Consequently heavy expenditure is incurred in hiring private garage accommodation and in taking vehicles to and from these garages. In addition, the costs resulting from the deterioration of vehicles which have to be left out in the open have to be met.

In 1951 the County Council decided to build a new station at Chatham, completed in 1955, to replace the then existing station at Rochester serving the Medway Towns. In addition to this new station, the Council, in 1954, adopted a policy of improvement to include eight further new stations as soon as practicable, the extension of one other and either the extension or replacement of another. Financial difficulties have delayed this proposal but two projects are now in hand, that at Barnehurst (to open in 1959) and at Maidstone (to open in 1960). The County Council reviewed the position in 1958 and approved in principle of a revised programme for the provision of eleven new replacement stations, and the improvement or replacement of another during the subsequent six financial years. The extension of one other station was deferred to a later date.

VEHICLES

On 5th July, 1948, when the County Council became responsible for the provision of an ambulance service in the County, the vehicles included in the ambulance service numbered 150, 62 of which were owned by Voluntary Associations operating services for the Council under agency arrangements. All except three of those vehicles have been replaced by new vehicles, and in view of the large increase in the calls made upon the ambulance service and the need to provide an adequate working margin of vehicles to enable vehicles to be properly maintained and repaired, the total number of operational vehicles has been increased to 259, as follows, one only of which is now owned by a voluntary association.

	<i>Ambulances for recumbent patients</i>	<i>Ambulances for sitting patients</i>
Vehicles operated by the County Council	135	97
County vehicles allocated to Canterbury Joint Service	4	1
County vehicles operated by Voluntary Associations ..	13	8
Vehicles owned and operated by Voluntary Associations	1	—
	<hr/> 153	<hr/> 106

STATISTICS

OPERATIONAL STATISTICS

<i>Ambulance Service Vehicles</i>	1958	1957
Total mileage	3,623,649	3,546,655
Number of journeys	131,692	129,812
„ „ patients carried ..	615,356	593,435
„ „ emergency cases ..	17,455	15,298
<i>Hospital Car Service</i>		
Total mileage	120,034	101,113
Number of journeys	2,281	2,264
„ „ patients carried ..	6,857	6,253
<i>Whole Service</i>		
Total mileage	3,743,683	3,647,768
Number of journeys	133,973	132,076
„ „ patients carried ..	622,213	599,688

Because of the introduction of a new system of national records by the Ministry of Health which necessitated different bases for computing the number of patients and journeys since 1st April, 1951, comparable figures for patients and journeys before and since that date cannot be given. The following mileage figures, however, are comparable:—

	<i>Twelve months ended</i>	<i>Twelve months ended</i>
	31.12.49	31.12.58
Mileage covered by County Council operated vehicles ..	1,457,872	3,326,656
Mileage covered by Voluntary Association operated vehicles	655,203	296,993
Mileage covered by the Hospital Car Service	1,681,118	120,034
Total mileage for Whole Service	<hr/> 3,794,193	<hr/> 3,743,683

Although the total mileage has not varied to any considerable extent, there has been a substantial increase in the number of patients carried in the past ten years and the following table, giving figures since 1951 when the present bases for computing the numbers of patients and journeys became operative, shows the decrease in the number of journeys and the number of miles per patient which is the cumulative result of the measures introduced to promote economy in the ambulance service:—

<i>Period</i>	<i>Patients</i>	<i>Journeys</i>	<i>Mileage</i>	<i>Miles per patient</i>
Year ended 31.12.51 ..	436,233	188,809	3,894,912	8.93
„ „ 31.12.52 ..	520,675	161,280	3,899,458	7.49
„ „ 31.12.53 ..	572,108	156,417	3,972,118	6.94
„ „ 31.12.54 ..	614,505	147,926	4,022,462	6.54
„ „ 31.12.55 ..	609,224	145,443	3,886,692	6.38
„ „ 31.12.56 ..	608,838	140,033	3,700,494	6.08
„ „ 31.12.57 ..	599,688	132,076	3,647,768	6.08
„ „ 31.12.58 ..	622,213	133,973	3,743,683	6.01

MENTAL HEALTH

There have been no major changes in the organisation of the Mental Health Service. The medical staff employed comprises a Senior Assistant County Medical Officer, whose duties are principally in connection with mental deficiency, and who receives part-time assistance from two whole-time Medical Officers and part-time assistance on a sessional basis from a qualified practitioner. Certain whole-time officers of the Regional Hospital Board are also available for consultation.

During the year, medical staff carried out 380 examinations in connection with ascertainment, certification and discharge.

MENTAL DEFICIENCY

In January, the first effect of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency made itself felt. Ministry of Health Circular No. 2/58 was issued and this enabled mental defectives to be admitted to institutions without the formalities of certification, which were previously required. During the year, of the 155 defectives admitted to institutions, 114 were admitted on the new and informal basis.

The Circular also recommended a review of defectives under Guardianship and as a result of the review, 39 Guardianship Orders were discharged where it was felt that supervision would meet the needs in each case.

As medical certificates were no longer required, in the majority of cases, for the admission of defectives to institutions, a considerable amount of medical staff time was released for other purposes. It was possible, therefore, to commence a medical review of defectives under supervision and during the year this review was concentrated mainly on defectives whose names were on the waiting list for institutional care.

The number of mental defectives under supervision at home increased to 2,012. The number under Guardianship decreased to 33 and a further 40 on licence were supervised on behalf of the Regional Hospital Board by officers of the Council. 374 defectives, discharged from Mental Deficiency Institutions, were visited to see if help or advice was needed.

Supervisory staff comprises one Mental Health Officer, six Assistant Mental Health Officers and, in certain districts, Health Visitors. The Guardianship Society, Hove, on behalf of the County Council, supervises 12 of the defectives under Guardianship.

There has been no increase in the number of Occupation Centres but the number attending the Centres has again increased and there were at the end of the year 479 defectives on the registers as against 431 in 1957. The staff at the Centres now comprises 10 Supervisors, 32 Assistant Supervisors and 3 male Assistant Supervisors, the latter are employed at Crayford, Hildenborough and Orpington Centres. 151 defectives were at the end of the year receiving instruction from the 8 Home Teachers employed.

A three-day instructional course for teaching staff was held at the Hildenborough Occupation Centre and again proved very beneficial.

The waiting list for institutional care decreased again and there were at the end of the year 339 defectives waiting. It was possible to arrange short-term care for 122 defectives; an increase of 31 over last year.

The following table shows that, in general, there has been a steady increase in the services provided for mental defectives since 1948:—

	1948	1950	1952	1954	1956	1958
Number of Mental Defectives:—						
(a) under guardianship ..	119	113	99	83	74	33
(b) under supervision ..	1,643	1,792	1,876	1,995	2,014	2,012
(c) awaiting admission to institutions	239	240	293	337	353	339
(d) admitted to institutions ..	36	169	133	141	152	155

TRAINING

	1948	1950	1952	1954	1956	1958
Number of Occupation Centres ..	6	7	7	8	10	10
Number attending	157	215	251	308	383	465
Number of County defectives attending Canterbury City Centre	10	12	13	9	11	14
Number of Home Teachers ..	2	6	8	8	8	8
Number receiving Home Teaching	41	115	146	150	147	151

LUNACY AND MENTAL TREATMENT

The duties of duly authorised officers under the Lunacy and Mental Treatment Acts are carried out by 21 District Officers of the Health Department and 22 Assistant District Officers are authorised to act similarly in emergency or by way of relief. The number of patients dealt with by these officers during the year was 1,326.

After-care of patients discharged from H.M. Forces on psychiatric grounds is undertaken by the duly authorised officers. The after-care of patients discharged from mental hospitals is normally undertaken by officers of the Regional Hospital Board, but the Council's officers assists with such visitation, when requested.

ENVIRONMENTAL HEALTH

(1) CONSERVATION OF WATER SUPPLIES

The Department contributes in a number of ways in this field of activity. The most important of these are:—

- (a) The investigation of proposed water supply extensions, principally in rural areas. Enquiries are made in relation to the potential uses of water supply and to the estimated capital and annual costs involved. In the majority of cases these schemes have been dealt with under the Rural Water Supplies and Sewerage Act, 1944. The number of schemes submitted by District Councils for consideration under the Act is 124. The estimated cost of those which have received the consideration of the County Council amounts to £224,618, excluding schemes concerned with the regrouping of water resources of undertakings.
- (b) The protection of underground water. Advisory work devolves on the Department in respect of certain proposals concerned with mineral excavation and restoration of land. Proposals of this nature arise principally under County Planning Schemes and involve sanitary controls. Perhaps the most important from our point of view concern activities in the chalk and the necessity of regulating the disposal of waste materials and particularly the disposal of toxic materials or polluted effluents in the chalk aquifer.

An example of the Health Department's contribution in this field concerns the advisory roleplayed in the North West Kent Pits Restoration Scheme in the County Development Plan. In this case 5 of 22 chalk pits are to be filled by household refuse from London and elsewhere under detailed control. The conditions applied, as finally determined by the Minister of Housing and Local Government following a Public Inquiry in 1955, are designed to protect underground water, to maintain sanitary control of the environment, to regulate the order of filling of the extensive and deep pits concerned, and so restore ground levels in an orderly fashion. In all cases proposals involving the use of land or the abstraction of substantial quantities of water of direct concern to water undertakers are referred to the Joint Advisory Water Committee by the County Clerk's Office.

Where major engineering considerations arise, appropriate cases are dealt with on behalf of the County Council by its Consulting Engineers.

- (c) One member of the staff has been designated an authorised officer for the purposes of the Water Act, 1945 to report on compliance or otherwise with regard to conditions attached to licenses issued under Section 14 of the Act. That section is concerned with wells and boreholes constructed for the purpose of abstracting underground water.
- (d) *Examination of Water Supplies*

During the year local authorities in the County submitted samples of distributed water supplies to bacteriological and chemical examination to the extent indicated in the following table:—

		<i>Bacteriological</i>	<i>Chemical</i>
(a)	from stat. water supply undertakings* ..	1,897	235
(b)	from private sources piped to dwellings ..	248	23
(c)	from other private sources	262	19

*Excluding Metropolitan Water Board area of supply

In addition to these examinations the Mid-Kent Water Company regularly submit reports on sources of water (i.e., of raw untreated water).

Attention is directed to the annual report of the Director of Water Examination of the Metropolitan Water Board with regard to supplies in that part of the county within the Board's area of supply.

- (e) *Number of dwellings not supplied by pipes*

Returns by district councils indicate that the number of dwellings in the administrative County area not supplied by public water mains or other adequate piped supplies is 2,333.

(2) SEWERAGE

Since 1945 the County Council has given consideration, for grant purposes, to 147 sewerage schemes prepared and submitted by local authorities with estimated costs amounting to £1,677,025. Only a relatively small number of these have been completed and, depending upon the interval between preparation of the scheme and the receipt of tenders, considerable differences in estimated and actual costs have been noted. This is also the case in respect of schemes now receiving consideration and which have reached the tendering stage. The time factor in the development of proposed schemes, together with changing costs, have made it impracticable to make a realistic estimate of the ultimate cost.

The majority of schemes submitted concern areas in rural districts to be provided with main drainage for the first time. In these cases the principle problems concern the lines of sewers, facilities for the disposal of sewage works effluent, as well as the important aspect of the cost of schemes. In other schemes, not necessarily confined to rural districts, the problems which have arisen concern difficult topographical conditions where multiplicity of pumping stations is necessary, the protection of underground water supplies and outfall discharges to the sea or river.

In many cases, joint discussions between representatives of the County Council and the District Council respectively have been undertaken and these have been of considerable value. It is premature to say that all difficulties have been resolved, but it is hoped to report in due course that in all of those areas in which particularly difficult drainage problems exist, they have been disposed of finally.

(3) MILK AND DAIRIES

(a) The Health Department takes an active part in the administration and enforcement of the Food and Drugs Act, 1955, and regulations made thereunder. There are frequent consultations with officers of local authorities that involve technical and professional issues. Executive duties discharged concern pasteurising processes and procedure in dairies, general responsibility for sources of supply in the Milk in Schools Scheme, and the biological condition of milk supplies. In addition, the County Medical Officer is represented at the monthly meetings of the Milk Production Committee of the County Agricultural Executive, and it is at these meetings that the several authorities responsible for all aspects of milk supplies find a valuable forum for discussion. In October, 1958, the County became an "Attested Area", that is, one in which the movement of non-tuberculin tested bovines is in general prohibited. This is one of the steps taken to eradicate tuberculosis in dairy herds under the Diseases of Animals Act, 1950. In 1958 also, the County was finally scheduled a "Specified" area, that being one in which only officially graded milk may be sold.

(b) Pasteurising Plants

The number of dairies in the County licensed to pasteurise milk is as follows:—

Licensed by the County Council	22
Licensed by other Food and Drugs Authorities in Kent ..	21
	—
	43
	—

Of those licensed by the County Council, two ceased to function during the year, so continuing the trend of concentration in the larger dairies which have more elaborate and necessarily expensive plant. Judging by the achievements of the industry in which practically all phases of production have been shown to be capable of mechanisation, it does not now appear to be a very long step to automation, and it would not be surprising to learn of such an installation within the next few years. Of the processing plants which the County Council license, there are nine batch holders and eleven continuous flow units, the latter being of a type operating on heat exchanger principles. So far as inspection is concerned, the most important issues which arise continue to be in relation to temperature levels, the operation of controlling devices designed to cut off milk flows which fail to reach prescribed temperatures and procedure in relation to bottle washing and the filling and capping of bottles. The results achieved so far as processing is concerned are reflected by the results of examination of samples. Details of those examined on behalf of the County Council and the further examinations in the wider field of distribution by local authorities are as follows:—

	No. of Samples	Appropriate Tests	Number of Samples	
			Passed	Failed
County Council Plant Sampling	204	Phosphatase Methylene Blue	203	1
			202	1 (1 invalid)
County Council School Milk Sampling ..	181	Phosphatase Methylene Blue	181	—
			180	1
Local Authority Sampling (including other Food and Drugs Authorities) ..	1,697	Phosphatase Methylene Blue	} 1,646	51

(c) Biological Examination of Milk

Representative milk samples of herds were taken at morning milking at 408 farms during 1958. All of these samples were examined by the Public Health Laboratory Service. Evidence of Brucellosis was found in ten herds and of "Q" fever in fifteen herds. It is satisfactory to report that no evidence of tuberculosis was found. This work is founded on a statutory duty re-enacted in the Food and Drugs Act, 1955, and is complementary to the work of the Diseases of Animals Division of the Ministry of Agriculture, Fisheries and Food.

(d) *Milk in Schools Scheme*

The County Medical Officer in consultation with Medical Officers of Health, is required to approve the source and quality of school milk supplies. By arrangement with the district councils who are also Food and Drugs Authorities (numbering 17), school milk sampling is integrated in the general arrangements for supervision of milk and dairies. In the County Food and Drugs area the Chief Inspector of Weights and Measures Department is responsible for the sampling arrangements. Examinations include the prescribed tests for pasteurised milk, biological examinations for a small number of T.T. supplies and chemical examinations for compositional quality. In most cases adverse reports would be the subject of action by the appropriate authority without reference to this department. It is of interest to note that of 57 samples subjected to chemical examination by district councils all were reported as being satisfactory in respect of milk fat and solids not fat. In the County Foods and Drugs area 72 examinations were made in respect of compositional quality. The details of samples examined are summarised in the table below. The number of contractors who supply milk to schools throughout the County is 108.

Authority	No. of samples subjected to			
	Pasteurised Milk tests	Fail	Biological Examination	
	Pass		Negative	Positive
Kent County Council	180	1	20	—
Other Food and Drugs Authorities	178	5	—	—
	358	6	20	—

(e) *Milk and Dairies Regulations, 1949*

The numbers of dairies and distributors registered by district councils under the above regulations are:—

No. of registered dairies	242
No. of registered distributors	1,854

(f) *Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949; Milk (Special Designation) (Raw Milk) Regulations, 1949*

The number of licences issued by district councils under the above regulations (excluding licences granted by Food and Drugs Authorities to pasteurise or sterilise milk) is 3,112.

(4) MEAT INSPECTION AND SLAUGHTERHOUSES

(a) *Meat Inspection*

CARCASSES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	Cattle-excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	11,993	4,211	5,914	44,388	139,606	—
Number inspected	11,993	4,211	5,914	44,388	139,606	—
<i>All diseases except Tuberculosis and Cysticerci</i>						
Whole carcasses condemned	5	14	18	151	220	—
Carcasses of which some part or organ was condemned	1,608	1,290	35	1,894	10,124	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	13.4	31	0.87	4.62	7.04	—
<i>Tuberculosis only:—</i>						
Whole carcasses condemned	4	9	—	—	46	—
Carcasses of which some part or organ was condemned	162	344	—	—	2,379	—
Percentage of the number inspected affected with tuberculosis	1.39	8.4	—	—	1.73	—
<i>Cysticercosis</i>						
Carcasses of which some part or organ was condemned	42	6	—	—	—	—
Carcasses submitted to treatment by refrigeration	25	3	—	—	—	—
Generalised and totally condemned ..	1	—	—	1	—	—

(b) *No. of Slaughterhouses in Use:—*

Slaughterhouses/ Abattoirs in Operation Owned or Leased by Local Authority	Private Slaughterhouses		Bacon Factories	Knackers' Yards
	Licensed	Operating		
4	96	89	2	11

A point worthy of note is that these figures, supplied by district councils, indicate 100 per cent inspection of all animal carcasses slaughtered for food in the County.

(c) *Food-Preparing Premises*

Given below is a summary of the information supplied by district councils in connection with food preparing premises:—

(a) the number of food premises in the area	15,872
(b) the number of food premises registered under Section 16 of the Food and Drugs Act, 1955	6,356
(c) the number of inspections of registered food premises	22,128

(5) **HOUSING**

The following information has been collated from figures supplied by district councils. It is a summary of quarterly returns made by local authorities to the Ministry of Housing and Local Government during the year ended 31st December, 1958:—

Houses in clearance areas and unfit houses elsewhere(a) *Houses demolished*

	<i>Houses Demolished</i>	<i>Displaced during year Persons</i>	<i>Families</i>
<i>In Clearance Areas (Housing Act 1957)</i>			
(1) Houses unfit for human habitation ..	656	1,686	583
(2) Houses included by reason of bad arrange- ment	1	3	1
(3) Houses on land acquired under Section 43(2) Housing Act, 1957	19	66	19
<i>Not in Clearance Areas</i>			
(4) As a result of formal or informal procedure under Section 17(1) Housing Act, 1957 ..	508	882	294

(b) *Unfit Houses Closed*

	<i>Number</i>
(5) Under Section 16(4), 17(1) and 35(1) Housing Act, 1957 ..	345
(6) Under Sections 17(3) and 26 Housing Act, 1957	11
(7) Parts of buildings closed under Section 18, Housing Act, 1957 ..	36

(c) *Unfit Houses made fit and houses in which defects were remedied*

	<i>By Owner</i>	<i>By Local Authority</i>
(8) After informal action by local authority	5,713	—
(9) After formal notice under—		
(a) Public Health Acts	528	54
(b) Sections 9 and 16 Housing Act, 1957	79	16
(10) Under Section 24 Housing Act, 1957	32	—

(d) *Unfit houses in temporary use (Housing Act, 1957)*

<i>Position at end of year</i>	<i>No. of houses (1)</i>	<i>No. of separate dwellings contained in column (1) (2)</i>
(11) Retained for temporary accommodation	—	—
(a) Under Section 48	1	1
(b) Under Section 17(2)	—	—
(c) Under Section 46	12	12
(12) Licensed for temporary occupation under Section 34 or 53	—	—

(e) Purchase of houses by agreement

	<i>No. of occupants of houses in column (1)</i>	
	<i>No. of houses</i>	<i>(1)</i>
	<i>(1)</i>	<i>(2)</i>
(13) Houses in Clearance Areas other than those included in confirmed Clearance Orders or Compulsory Purchase Orders purchased in the year	56	169

Rural Housing

The figures given below are obtained from information supplied by Rural District Councils and indicate the probable trend of action in rural housing:—

(i) Existing number of houses suitable for inclusion in demolition proposals	818
(ii) Present new housing programme	888
(iii) Existing number of unfit houses other than (i) above	1,720

(6) THE CLEAN AIR ACT, 1956

The Clean Air Act, 1956, is designed to make better provision for the abatement of pollution of the atmosphere. It is reported that the polluting ingredients of smoke, including grit, dust, tarry vapours and gases arising from domestic and industrial chimneys, create adverse conditions in approximately equal amounts.

Recent investigations provide evidence suggestive of a direct link between ill-health and air polluted by chimney discharges, and a significant factor in this connection is the relatively low level of the domestic chimney. Chimney emissions are now directly controlled by county district councils by means of prescribed standards of smoke density and by the establishment of smoke control areas in which, subject to certain exemptions, the emission of smoke from any chimney is an offence. Scheduled industrial processes will continue to be regulated by the Alkali Inspectorate of the Ministry of Housing and Local Government but certain sections of the Act will apply to these scheduled industries.

The efficient and complete combustion of bituminous coal and the use of smokeless fuel are the main methods of reducing smoke emissions, as a first step in reducing substantially atmospheric pollution. Other measures include the provision of improved grit and dust removal apparatus in industrial premises. In the case of gaseous pollutants which, in general, are unaffected by the efficiency of combustion, high chimney discharges in new industrial furnaces are a statutory requirement. This and the treatment of contained gases, as appropriate, will be matters for consideration by local authorities.

The County Council, except in the most unusual circumstances, has no direct function under the Act but responsibility devolves on it as a large property owner and as the planning authority. As a property owner the Council must remain aware of the advances being made in the campaign for clean air. With reference to planning interests, a proposal was made to institute a new factory involving the sintering of fuel ash near one of the Council's primary schools. Although gas scrubbers were included there appeared to be risk of danger to the public health, due to gaseous discharges from a chimney situated in a nearby quarry 100 feet deep. The inhabitants of the neighbourhood as well as the occupants of the school would have been exposed to low level flue gas discharges containing sulphur dioxide. Strong representations were made by the department and in the result the proposal for the particular site was abandoned and new arrangements made to dispose of the products of combustion in the chimney of a power station which reaches a height of 500 feet. Because of the concern which the County Council must have for the well-being of the population at large and having regard to the general responsibility imposed by the Sanitary Officers Regulations 1926-51, it is necessary that a close study of air pollution, a major environmental health hazard, be maintained.

The County Council is a member of the London and Home Counties Clean Air Advisory Council and its meetings are attended by a member of the County Council and an officer of this department. A member of the staff is also attending an approved course on this subject at the London County Council South East Technical College.

RESIDENTIAL SERVICES

RESIDENTIAL ACCOMMODATION FOR ELDERLY AND DISABLED PERSONS

Homes provided directly by the County Council and residential accommodation at hospitals are:—

<i>County Homes</i>			<i>At Hospitals</i> Administered by Hospital Management Committees unless otherwise indicated		
AREA 1 (Pop. approx. 198,200)	Old Rectory, Smarden	30			
	Woodside, Dover	20	St. Mary's, Etchinghill	95	
	Leahurst, Dover	20	West View, Tenterden	48	
	Cairn Ryan, Dover	25			
	General's Meadow, Walmer	38			
		133			143
AREA 2 (Pop. approx. 187,860)	Eastry House, Eastry	28	The Close, Bridge (K.C.C.)	51	
	Brendon, Margate	26	Hill House, Minster	76	
	Radley, Tankerton	30	Eastry Hospital	60	
		84			187
AREA 3 (Pop. approx. 144,550)	*East Hall, Maidstone	19	Linton Hospital	79	
	Hartley House, Cranbrook	107			
		126			79
AREA 4 (Pop. approx. 145,530)	Pembury Grange, Tunbridge Wells ..	38			
	Sandhurst, Tunbridge Wells	30			
	Court Royal, Tunbridge Wells	31			
	Oakhurst, Hildenborough	24			
	Hardwick, Hildenborough	60			
	Kippington House, Sevenoaks	41			
		224			
AREA 5 (Pop. approx. 361,360)	Blackburn, Sheerness	37	Bensted House, Faversham (K.C.C.) ..	113	
	Medway Homes, Rochester	162	Milton Regis	77	
			All Saints', Chatham	17	
			St. James', Gravesend	80	
		199			287
AREA 6 (Pop. approx. 257,290)	St. Mary's, Bexley	40	West Hill, Dartford	69	
	The Mount, Nr. Dartford	32			
	Manor Gate, Nr. Dartford	31			
	Darenth Grange, Nr. Dartford	52			
	Old Downs, Hartley	39			
	Holywell, Nr. Meopham	48			
	Russell House, Bexleyheath	50			
		292			69
AREA 7 (Pop. approx. 329,210)	Lubbock House, Orpington	42	Orpington	56	
	Elmbank, Bromley	37			
	Durham House, Beckenham	60			
	Selwood, Chislehurst	38			
		177			56
	Total for Homes	1,235	Total for Hospitals	821	
		TOTAL ..	2,056		

*Evacuated in August 1958 for extension scheme

During 1958 there was a net increase of 15 in the accommodation available at the Committee's own Homes and of 3 at joint-user establishments. 15 additional places at Eastry Hospital, in a disused building, kindly made available by the Hospital Management Committee, were offset by several minor reductions elsewhere. The very small unit at Sundridge Hospital, retained in 1948 so as to avoid moving some women dealt with there formerly under the Lunacy Acts, was finally surrendered. The net increase of 15 places at the Committee's own Homes was as follows:—

Increase:—

Re-opening of Lubbock House, Orpington, after extension	22
Re-arrangement at St. Mary's, Bexley	1
	—23

Decrease:—

Reduction at Darenth Grange consequent upon installation of lift and transfer of resident staff to top floor ..	6
Provision of sick bay at Pembury Grange	2
	— 8
	15
	—

From January to December 1958 the waiting list rose by 71, from 706 to 777, but that statement is a very simplified description of the position throughout the year, as is shown by the following facts:— 743 names were placed on the waiting list and 654 removed: of the latter, 322 were by admissions to Homes; 109 people died; 86 became a hospital responsibility, and the remainder were removed from the list for a variety of reasons such as, leaving the district and leaving no new address, making their own arrangements, etc. Apart from applicants taken from the waiting list, there were 150 admissions so urgent that no previous application existed, while 100 people were admitted to Homes so as to permit residents being transferred, in their places, to hospital. In addition, first admissions to residential accommodation at joint-user establishments totalled 105. 103 persons previously known to the Department entered Voluntary Organisation homes, mostly with financial support from the Committee.

The only additional accommodation due for occupation in 1959 is the re-opening of the enlarged Home at East Hall, Maidstone, for 39 residents not requiring special care, and Portal House, St. Margaret's-at-Cliffe, with accommodation for 65 residents requiring much care because of advanced physical degeneration. It is clear that the additional provision is still not catching up on the increased demand and it is to be hoped that the improvement in the nation's economic position will enable the Council to carry out many delayed plans to provide more accommodation. Although numerically they form a minority of applicants, the most pressing need is for people who, whilst not requiring the resources of a hospital, are showing pronounced senescent changes, physical and mental, of old age and require a considerable amount of attention both by day and night. It seems consideration should be given to installing heavy-duty lifts at some more Homes suitable for use by residents requiring a great amount of care. In order to permit more residents, whose only special disability is that they cannot climb stairs, to remain in the general Homes, light duty lifts are essential. At the general Homes, only one place in four is on ground floor level.

ACCOMMODATION AND CARE OF OLD PEOPLE

One obvious effect of the changing emphasis in the type of care available in Homes is that the admission prospects of persons only requiring a minimum of care will be diminished. Since manpower, if not capital investment, is in short supply, it would be impossible to provide residential accommodation for all those requiring it on the basis of what was envisaged in 1948. During the past ten years there has been a gradual changeover from residential to domiciliary care. Apart from the material restrictions that make such a course necessary there are many factors to favour the generally accepted current policy of encouraging, by means of domiciliary services, old people to continue to lead an independent life for as long as possible. One of the most important means by which this can be attained is the provision of welfare services, including a resident warden, at groups of old people's dwellings provided by the District Councils. The formulation of arrangements between the County Council and Housing Authorities was mentioned in last year's Report but then no actual schemes had been brought into effect. The arrangements are for the County Council to make a grant not exceeding £30 per dwelling to the District Councils to cover services not normally provided in Council housing, such as wages and other remuneration of a warden, cost of communal facilities including a general sitting-room in which the residents can gather for social events; cost of the warden's accommodation; telephone; warning systems; furnishing the general sitting-room; part cost of maintaining the grounds. In 1958 grants were approved as follows:—

<i>District Council</i>	<i>Particulars</i>	<i>Grant not exceeding</i>
Chislehurst & Sidcup Urban District	10 single room flatlets formed in a converted house at Sidcup	£ 300
Crayford Urban District	10 single and 20 double flatlets in new construction at High Street Crayford	900
Gillingham Borough	To introduce a man and wife as wardens on an existing estate, where there are over 200 old people's dwellings ..	965

Although schemes such as these will permit more old people to avoid having to seek admission to a Home, as they might have done had the 1948 concept continued, any resultant reduction in the demand for residential care is more than offset by the much greater demand imposed on the Committee following the extension of their provisions into the classes of persons who might in past years have been regarded as a hospital responsibility. Altogether, this seems to be a sensible and humane development.

VOLUNTARY ORGANISATIONS

Co-operation, with financial assistance, from the Council has continued with various voluntary organisations. The financial assistance has included contributions towards the administrative expenses of old people's advisory services provided by the Kent and North-West Kent Councils of Social Service; the W.V.S. and other bodies for their home meals services and maintenance payments for approximately 605 persons in voluntary homes. The actual number of persons in such homes at the end of 1958 were:—

Old People's Homes	..	..	..	..	..	419
Special Homes:—						
Blind..	..	..	..	..	..	82
Deaf and Dumb	..	..	..	..	..	10
Cripples	..	..	..	..	..	21
Epileptics	..	..	..	..	..	53
Others	..	..	..	..	..	20
					—	186
						<u>605</u>

TEMPORARY ACCOMMODATION

Unlike 1957, when temporary accommodation was never fully occupied, there was a period in 1958 extending from March to September when there was cause for concern. For much of this period there were never more than seven vacancies on any one day and, on seven days, the hostel was completely full. The Committee decided to ask the Malling Rural District Council to surrender two of the huts they leased from the County Council adjacent to King Hill Hostel. Further consideration of the matter and an inspection of the premises, caused the Members to decide that all the huts, numbering six, should be returned in order, not only to give additional temporary accommodation, but to permit the evacuation of the unsatisfactory quarters in the old institution buildings now forming part of the Hostel.

One important matter resulting from this decision was the question of the future of the District Council tenants in the huts numbering eighteen. Much attention was given to the problems arising, in harmonious co-operation between the District Council, the N.S.P.C.C. and the various County Council services involved. The final result was that, of the eighteen families, only three (with ten children) had to be provided with temporary accommodation. This was a very satisfactory state of affairs because in the earlier stages it seemed that a much larger number of families, (including at least fifty children) might have to be admitted. The Child Help Service, which was provided to some families required to leave the huts proved useful, in that the improvement obtained was such that the District Council were able to give favourable consideration to re-housing them. Of the eighteen families in their huts, thirteen were re-housed by the District Council. Two other families made their own arrangements and the three finally admitted to residential accommodation were extremely unsatisfactory, even in comparison with the general pattern of admissions to the hostel.

STATISTICAL TABLES

TABLE 1

Showing Population, Acreage and Density of Population of the various Districts of the County of Kent, in 1958 (mid-year)

DISTRICT	Mid-year Home* Population 1958 (as estimated by the Registrar-General)	Acreage inclusive of Water	Persons per Acre
Urban—			
Ashford U.	26,310	5,657	4·65
Beckenham B.	75,380	5,937	12·70
Bexley B.	90,330	4,869	18·55
Broadstairs and St. Peter's U. . .	16,760	2,771	6·05
Bromley B.	66,030	6,519	10·13
Chatham B.	50,860	4,371	11·64
Chislehurst and Sidcup U.	88,540	8,957	9·89
Crayford U.	30,280	2,544	11·90
Dartford B.	43,140	4,291	10·05
Deal B.	25,670	2,903	8·84
Dover B.	35,140	3,765	9·33
Erith B.	45,880	3,859	11·89
Faversham B.	12,340	2,994	4·12
Folkestone B.	45,300	4,006	11·31
Gillingham B.	77,870	8,351	9·32
Gravesend B.	46,660	4,016	11·62
Herne Bay U.	18,410	8,566	2·15
Hythe B.	9,820	3,013	3·26
Lydd B.	3,140	11,932	0·26
Maidstone B.	56,500	6,194	9·12
Margate B.	43,410	6,960	6·24
New Romney B.	2,400	1,514	1·59
Northfleet U.	20,370	3,770	5·40
Orpington U.	73,640	20,842	3·53
Penge U.	25,620	770	33·27
Queenborough B.	3,200	1,103	2·90
Ramsgate B.	36,000	3,624	9·93
Rochester B.	47,470	4,378	10·84
Sandwich B.	4,350	2,137	2·04
Sevenoaks U.	16,690	3,728	4·48
Sheerness U.	15,520	943	16·46
Sittingbourne and Milton U. . .	22,470	4,935	4·55
Southborough U.	8,970	1,758	5·10
Swanscombe U.	8,950	2,142	4·18
Tenterden B.	4,800	8,946	0·54
Tonbridge U.	20,680	4,599	4·50
Tunbridge Wells B.	38,880	6,034	6·44
Whitstable U.	17,420	7,640	2·28
TOTALS—Urban	1,275,200	191,338	6·66
Rural—			
Ashford, East	10,570	51,398	0·21
Ashford, West	10,440	39,455	0·26
Bridge-Blean	19,180	55,868	0·34
Cranbrook	15,130	41,315	0·37
Dartford	47,660	34,026	1·40
Dover	12,740	25,780	0·49
Eastry	22,840	54,276	0·42
Elham	9,490	36,676	0·26
Hollingbourn	16,770	56,796	0·30
Maidstone	19,040	34,487	0·55
Malling	37,110	45,655	0·81
Romney Marsh	4,550	31,035	0·15
Sevenoaks	36,500	62,959	0·58
Sheppey	9,570	20,319	0·47
Strood	25,730	48,541	0·53
Swale	20,350	62,015	0·33
Tenterden	7,320	38,002	0·19
Tonbridge	23,810	41,687	0·57
TOTALS—Rural	348,800	780,290	0·45
TOTALS—County	1,624,000	971,628	1·67

* The figures given in this column are the home populations, including members of the armed forces stationed in the area, and these populations form the basis of calculation of most of the rates given in this report.

TABLE 2

Showing Deaths, Births and Infantile Mortality in the different Urban and Rural Districts of the County of Kent in the year 1958.

DISTRICT	DEATHS			BIRTHS						INFANTILE MORTALITY			
	Number of deaths at all ages	Deaths per 1,000 of the population	Comparable Death-rate*	Legitimate	Illegitimate	TOTAL	Births per 1,000 of the population	Comparable Birth-rate*	Still-births	Legitimate	Illegitimate	TOTAL	Deaths of Infants under one year of age per 1,000 births
URBAN—													
Ashford U. ..	316	12.01	11.29	391	21	412	15.66	15.97	6	4	—	4	9.71
Beckenham B. ..	968	12.84	11.81	927	26	953	12.64	13.40	21	12	2	14	14.69
Bexley B. ..	857	9.49	11.67	1,204	23	1,227	13.58	13.85	25	15	1	16	13.04
Broadstairs U. ..	280	16.71	12.53	168	13	181	10.80	12.10	4	6	—	6	33.15
Bromley B. ..	749	11.34	10.66	870	31	901	13.65	13.65	12	17	1	18	19.98
Chatham B. ..	465	9.14	9.69	963	57	1,020	20.06	18.25	14	16	1	17	16.67
Chislehurst and Sidcup U. ..	756	8.54	11.19	1,288	54	1,342	15.16	13.80	27	25	3	28	20.86
Crayford U. ..	265	8.75	11.55	528	15	543	17.93	17.03	10	8	—	8	14.73
Dartford B. ..	606	14.05	10.68	668	20	688	15.95	15.63	12	20	—	20	29.07
Deal B. ..	305	11.88	11.64	412	22	434	16.91	17.92	3	10	—	10	23.04
Dover B... ..	381	10.84	10.73	559	27	586	16.68	16.68	14	13	—	13	22.18
Erith B. ..	506	11.03	12.91	653	19	672	14.65	14.65	13	13	—	13	19.35
Faversham B. ..	195	15.80	8.22	206	5	211	17.10	17.78	5	3	1	4	18.96
Folkestone B. ..	578	12.76	10.97	577	39	616	13.60	14.28	10	15	—	15	24.35
Gillingham B. ..	795	10.21	11.54	1,148	60	1,208	15.51	15.98	24	27	2	29	24.01
Gravesend B. ..	485	10.39	11.84	815	40	855	18.32	17.77	22	25	1	26	30.41
Herne Bay U. ..	355	19.28	10.80	189	18	207	11.24	14.16	3	—	—	—	—
Hythe B. ..	137	13.95	9.90	116	4	120	12.22	14.79	—	1	1	2	16.67
Lydd B. ..	23	7.32	8.93	41	2	43	13.69	16.98	—	—	—	—	—
Maidstone B. ..	624	11.04	9.72	819	28	847	14.99	15.59	15	22	1	23	27.15
Margate B. ..	673	15.50	12.25	516	71	587	13.52	14.74	10	7	2	9	15.33
New Romney B. ..	37	15.42	13.88	42	4	46	19.17	19.75	—	1	—	1	21.74
Northfleet U. ..	246	12.08	14.01	338	11	349	17.13	16.62	13	10	—	10	28.65
Orpington U. ..	747	10.14	11.36	1,283	36	1,319	17.91	17.73	24	26	1	27	20.47
Penge U... ..	308	12.02	11.78	494	34	528	20.61	18.55	14	7	1	8	15.15
Queenborough B. ..	34	10.63	11.91	58	1	59	18.44	18.81	1	—	—	—	—
Ramsgate B. ..	526	14.61	12.71	499	40	539	14.97	15.87	13	12	—	12	22.26
Rochester B. ..	499	10.51	11.56	751	30	781	16.45	16.12	20	19	1	20	25.61
Sandwich B. ..	64	14.71	12.94	60	3	63	14.48	16.65	1	4	—	4	63.49
Sevenoaks U. ..	210	12.58	8.93	228	13	241	14.44	15.31	6	4	2	6	24.90
Sheerness U. ..	187	12.05	12.77	259	19	278	17.91	19.34	4	8	—	8	28.78
Sittingbourne U. ..	336	14.95	10.17	367	12	379	16.87	17.21	6	2	—	2	5.28
Southborough U. ..	132	14.72	8.93	129	3	132	14.72	17.08	3	2	—	2	15.15
Swanscombe U. ..	83	9.27	11.31	125	3	128	14.30	13.30	1	4	—	4	31.25
Tenterden B. ..	90	18.75	8.44	49	6	55	11.46	12.03	2	—	—	—	—
Tonbridge U. ..	257	12.43	11.19	323	12	335	16.20	16.69	5	4	—	4	11.94
Tunbridge Wells B. ..	653	16.80	10.92	517	20	537	13.81	15.05	11	15	—	15	27.93
Whitstable U. ..	312	17.91	11.28	222	10	232	13.32	16.92	4	2	—	2	8.62
TOTALS IN URBAN DISTRICTS	15,040	11.79	11.44	18,802	862	19,654	15.41	15.72	378	379	21	400	20.35
RURAL—													
Ashford, East ..	133	12.58	10.32	139	5	144	13.62	15.12	3	1	—	1	6.94
Ashford, West ..	171	16.38	9.34	153	9	162	15.52	16.30	4	—	—	—	—
Bridge-Blean ..	321	16.74	8.54	213	18	231	12.04	15.05	4	1	2	3	12.99
Cranbrook ..	211	13.95	10.88	192	14	206	13.62	14.16	2	4	—	4	19.42
Dartford ..	493	10.34	10.96	912	29	941	19.74	19.35	17	21	—	21	22.32
Dover ..	145	11.38	10.01	201	—	201	15.78	18.30	4	7	—	7	34.83
Eastry ..	285	12.48	9.11	368	5	373	16.33	19.27	9	10	1	11	29.49
Elham ..	213	22.44	9.65	125	6	131	13.80	14.63	6	1	—	1	7.63
Hollingbourn ..	194	11.57	10.88	255	19	274	16.34	17.16	6	6	—	6	21.90
Maidstone ..	286	15.02	8.56	280	16	296	15.55	16.33	3	3	—	3	10.14
Malling ..	390	10.51	10.72	558	25	583	15.71	16.50	10	11	1	12	20.58
Romney Marsh ..	69	13.63	12.54	69	2	71	15.60	17.94	1	1	—	1	14.08
Sevenoaks ..	398	10.90	10.36	512	15	527	14.44	15.02	11	10	1	11	20.87
Sheppey ..	118	12.33	12.08	133	8	141	14.73	16.64	2	4	—	4	28.37
Strood ..	219	8.51	9.62	479	25	504	19.59	19.00	8	6	1	7	13.89
Swale ..	186	9.14	9.05	286	14	300	14.74	15.18	8	5	—	5	16.67
Tenterden ..	77	10.52	9.36	120	4	124	16.94	18.30	2	3	—	3	24.19
Tonbridge ..	310	13.02	11.59	309	17	326	13.69	13.55	9	3	2	5	15.34
TOTALS IN RURAL DISTRICTS	4,212	12.08	10.27	5,304	231	5,535	15.87	16.66	109	97	8	105	18.97
TOTALS IN URBAN DISTRICTS	15,040	11.79	11.44	18,802	852	19,654	15.41	15.72	378	379	21	400	20.35
TOTALS IN COUNTY ..	19,252	11.85	11.14	24,106	1,083	25,189	15.51	15.98	487	476	29	505	20.05

* Comparable rates are calculated in respect of each district, by applying to the crude-rate a factor which enables true comparison to be made with other areas after allowing for variations of age and sex in the constitution of the population.

TABLE 3

Showing the Number of Cases of Infectious Disease among the Civil Population, notified in each of the DISTRICTS in the County of Kent during the year 1958.

DISTRICT	Small-pox	Diphtheria (including Membranous Croup)	Erysipelas	Scarlet Fever	Enteric Fever	Puerperal Pyrexia	Acute Polio-myelitis including Acute Polio-enceph-alitis		Acute Enceph-alitis		Meningococcal Infection	Ophthalmia Neonatorum	Respiratory Tuberculosis	Other forms of Tuberculosis	Acute Pneumonia (Primary or Influenzal)	Measles	Whooping Cough	Dysentery	Malaria
							Paralytic	Non-Paralytic	Infective	Post-Infectious									
URBAN—																			
Ashford U. ..	—	—	6	24	—	4	—	—	—	—	—	—	8	1	14	8	10	1	—
Beckenham B. ..	—	—	5	64	1	2	4	—	—	—	—	—	42	2	35	146	108	3	—
Bexley B. ..	—	—	8	84	—	9	—	1	—	—	2	—	53	7	23	248	117	2	—
Broadstairs U. ..	—	—	1	4	—	—	—	—	—	—	—	—	3	4	3	112	14	17	—
Bromley B. ..	—	—	8	52	4	32	—	—	—	—	2	—	35	3	25	598	113	3	—
Chatham B. ..	—	—	3	189	—	8	2	—	—	—	—	—	39	5	37	30	106	33	—
Chislehurst and Sidcup U. ..	—	—	8	89	2	—	4	3	—	—	2	2	57	2	39	145	69	12	—
Crayford U. ..	—	—	1	6	—	11	—	—	—	—	1	—	20	1	2	266	—	—	—
Dartford B. ..	—	—	3	20	—	23	—	—	—	—	—	—	27	6	11	—	4	4	—
Deal B. ..	—	—	1	17	—	3	1	—	—	1	—	—	8	2	10	388	9	6	—
Dover B. ..	—	—	4	23	1	—	1	—	—	3	—	—	23	2	23	137	60	39	—
Erith B. ..	—	—	2	13	—	11	—	1	—	—	1	—	34	1	11	614	23	—	—
Faversham B. ..	—	—	—	15	—	—	—	—	—	—	—	—	4	—	24	360	3	2	—
Folkestone B. ..	—	—	13	3	—	—	—	2	—	—	2	—	31	2	44	901	15	35	—
Gillingham B. ..	—	—	8	56	—	4	4	1	—	—	—	4	54	1	50	460	40	—	—
Gravesend B. ..	—	—	6	15	—	8	1	—	—	—	1	1	27	1	16	25	72	4	—
Herne Bay U. ..	—	—	—	8	—	—	—	1	—	—	—	—	8	2	—	8	11	—	—
Hythe B. ..	—	—	1	5	—	—	—	—	1	—	—	—	2	—	4	38	31	—	—
Lydd B. ..	—	—	1	5	—	—	—	—	—	—	—	—	—	—	1	6	—	—	—
Maidstone B. ..	—	—	6	64	—	5	—	—	—	—	—	1	24	6	23	96	38	—	—
Margate B. ..	—	—	2	17	—	2	1	—	—	—	—	—	20	3	—	266	12	6	—
New Romney B. ..	—	—	—	15	—	—	—	—	—	—	—	—	1	—	12	6	12	—	—
Northfleet U. ..	—	—	1	13	1	—	—	—	—	—	—	1	5	1	6	9	6	—	—
Orpington U. ..	—	—	1	29	6	87	3	1	—	—	—	1	43	3	33	74	152	—	—
Penge U. ..	—	—	6	20	—	2	—	—	—	—	—	—	23	1	12	155	133	4	—
Queenborough B. ..	—	—	—	5	—	1	—	—	—	—	—	—	1	—	2	50	28	—	—
Ramsgate B. ..	—	—	1	35	—	5	1	—	—	—	—	—	17	3	10	350	119	7	—
Rochester B. ..	—	—	7	56	1	3	—	—	—	1	—	—	27	1	33	44	30	—	—
Sandwich B. ..	—	—	—	5	—	—	—	—	1	—	—	—	2	4	—	7	1	—	—
Sevenoaks U. ..	—	—	—	5	—	—	—	—	—	—	—	—	7	2	2	62	5	—	—
Sheerness U. ..	—	—	—	11	—	—	—	—	—	—	—	—	8	1	7	311	15	—	—
Sittingbourne U. ..	—	—	5	42	—	1	—	—	—	—	—	—	17	1	—	52	28	—	—
Southborough U. ..	—	—	—	16	—	—	—	—	—	—	—	—	6	—	1	155	1	15	—
Swanscombe U. ..	—	—	—	5	—	1	—	—	—	—	1	—	4	—	21	—	2	—	—
Tenterden B. ..	—	—	—	4	—	—	—	—	—	—	—	—	3	—	—	2	—	—	—
Tonbridge U. ..	—	—	—	43	—	1	1	—	—	2	—	—	7	—	8	110	4	—	—
Tunbridge Wells B. ..	—	—	2	12	—	14	1	1	—	—	—	—	20	3	11	536	11	63	—
Whitstable U. ..	—	—	1	9	—	1	—	—	—	—	—	—	2	—	10	11	14	—	—
TOTALS IN URBAN DISTRICTS ..	—	—	111	1098	16	238	24	11	2	7	12	10	712	71	563	6,786	1,416	256	—
RURAL—																			
Ashford, East ..	—	—	—	4	—	—	—	—	—	—	—	—	5	1	1	8	6	—	—
Ashford, West ..	—	—	—	10	—	1	—	—	—	—	—	—	2	—	1	4	2	—	—
Bridge-Blean ..	—	—	2	12	—	1	2	—	—	—	—	1	8	2	11	242	33	5	—
Cranbrook ..	—	—	1	12	—	—	—	—	—	—	—	—	7	—	5	59	18	—	—
Dartford ..	—	—	—	4	1	—	—	—	1	—	2	—	25	4	8	148	37	7	—
Dover ..	—	—	—	1	—	—	—	—	—	—	—	—	5	4	—	22	2	4	—
Eastry ..	—	—	1	5	—	1	—	—	1	—	—	—	10	2	2	86	17	2	—
Elham ..	—	—	—	3	—	1	—	—	1	1	—	—	4	1	1	38	9	3	—
Hollingbourn ..	—	—	—	12	—	—	—	—	—	—	—	—	7	—	2	30	—	—	—
Maidstone ..	—	—	1	32	—	1	—	—	—	—	—	—	7	1	18	196	22	40	—
Malling ..	—	—	1	36	—	2	1	—	1	—	—	—	40	5	31	42	24	26	—
Romney Marsh ..	—	—	—	32	—	—	—	—	—	—	—	—	1	—	10	2	6	—	—
Sevenoaks..	—	—	2	17	—	—	1	—	—	—	—	—	19	1	128	41	20	1	—
Sheppey ..	—	—	2	4	—	1	—	—	—	—	—	—	5	—	9	187	25	1	—
Strood ..	—	—	—	5	—	—	—	—	—	—	—	—	5	—	8	15	6	—	—
Swale ..	—	—	2	9	—	1	—	—	1	—	—	—	9	1	45	255	25	—	—
Tenterden..	—	—	—	5	—	1	—	—	—	—	—	—	4	—	1	2	12	—	—
Tonbridge..	—	—	2	6	—	—	1	—	—	—	—	—	17	2	2	131	9	38	—
TOTALS IN RURAL DISTRICTS ..	—	—	14	209	1	10	5	—	5	1	2	1	180	24	283	1,508	273	127	—
TOTALS IN URBAN DISTRICTS ..	—	—	111	1,098	16	238	24	11	2	7	12	10	712	71	563	6,786	1,416	256	—
TOTALS IN COUNTY ..	—	—	125	1,307	17	248	29	11	7	8	14	11	892	95	846	8,294	1,689	383	—

TABLE 4

Showing the number of notifications, incidence rates, deaths and death-rates of the principal infectious diseases in the County.

Year	1938	1957	1958	
			Kent	England and Wales (provisional)
SMALL POX				
No. of cases notified ..	4	—	—	6
Incidence rate	0·004	—	—	0·000
No. of deaths	2	—	—	1
Death rate	0·001	—	—	0·000
SCARLET FEVER				
No. of cases notified ..	2,913	872	1,307	38,844
Incidence rate	2·102	0·540	0·805	0·861
No. of deaths	10	—	—	4
Death rate	0·007	—	—	0·000
DIPHTHERIA				
No. of cases notified ..	1,361	1	—	79
Incidence rate	0·982	0·001	—	0·002
No. of deaths	58	—	—	8
Death rate	0·042	—	—	0·000
ENTERIC FEVER				
No. of cases notified ..	54	12	17	147
Incidence rate	0·039	0·002	0·011	0·003
No. of deaths	5	—	—	2
Death rate	0·005	—	—	0·000
MEASLES				
No. of cases notified ..	—*	23,560	8,294	259,221
Incidence rate	—*	14·599	5·107	5·747
No. of deaths	10	5	1	49
Death rate	0·007	0·003	0·001	0·001
WHOOPING COUGH				
No. of cases notified ..	—*	6,082	1,689	33,384
Incidence rate	—*	3·775	1·040	0·740
No. of deaths	10	4	—	27
Death rate	0·007	0·002	—	0·001
POLIOMYELITIS AND POLIOENCEPHALITIS				
No. of cases notified ..	36	380	40	1,997
Incidence rate	0·026	0·235	0·025	0·044
No. of deaths	—	19	4	130
Death rate	—	0·012	0·002	0·003

* Not compulsorily notifiable.

TABLE 5

Showing causes of deaths in the URBAN DISTRICTS of Kent during the year 1958.

DISTRICT	Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping-cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Leukaemia, apleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor-vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All causes	
										Stomach	Lung, bronchus	Breast	Uterus	Other malignant and lymphatic neoplasms																							
Ashford U.	1	—	—	—	—	—	—	—	2	6	12	7	3	25	4	3	51	52	12	50	14	5	17	5	2	—	3	3	—	1	15	2	4	3	3	316	
Beckenham B.	1	—	1	—	—	—	—	—	1	21	47	13	6	90	7	5	118	184	26	132	62	6	14	14	—	9	—	6	—	—	—	61	9	24	8	968	
Bexley B.	12	—	1	—	—	—	—	—	1	21	40	17	5	73	7	4	116	166	34	86	50	3	47	54	4	14	—	9	—	—	52	12	9	6	857		
Broadstairs and St. Peters U.	3	2	1	—	—	—	—	—	—	10	14	4	1	28	6	1	46	47	39	16	16	3	14	14	—	2	—	2	—	—	17	2	2	1	280		
Bromley B.	4	1	1	—	—	—	—	—	—	11	39	17	7	71	3	1	97	160	15	80	46	4	46	28	7	9	—	4	—	—	48	10	18	9	749		
Chatham B.	—	—	3	—	—	—	—	—	1	8	10	6	4	44	1	3	48	84	11	70	15	1	32	18	6	7	—	4	—	—	42	7	12	10	1	465	
Chislehurst and Sidcup U.	9	1	—	—	—	—	—	—	1	19	41	5	9	82	5	5	81	127	19	82	47	—	44	8	5	2	—	5	—	—	70	8	13	8	756		
Crayford U.	3	—	—	—	—	—	—	—	2	8	13	7	—	24	4	3	29	50	6	30	5	—	16	19	2	2	—	4	—	—	25	—	3	3	265		
Dartford B.	10	—	—	—	—	—	—	—	—	6	14	4	5	53	6	5	72	91	15	104	24	1	56	41	6	3	—	7	—	—	48	6	10	7	606		
Deal B.	3	1	1	—	—	—	—	—	2	8	15	5	5	28	2	2	56	38	1	33	23	—	11	15	4	6	—	1	—	—	32	2	5	3	2	305	
Dover B.	1	—	1	—	—	—	—	—	2	12	17	9	4	44	1	—	45	56	9	49	24	2	17	21	3	5	—	5	—	—	26	5	15	2	1	381	
Erith B.	4	—	1	—	—	—	—	—	1	13	22	8	4	64	5	3	51	76	19	71	24	2	25	34	5	5	—	2	—	—	33	5	10	5	—	506	
Faversham B.	—	—	—	—	—	—	—	—	2	3	4	2	1	15	—	2	40	25	4	61	5	1	7	4	—	—	10	2	—	—	—	8	3	5	2	195	
Folkestone B.	—	—	2	—	—	—	—	—	3	5	28	12	3	54	1	2	85	95	15	93	32	1	11	20	5	11	—	2	—	—	46	4	22	3	—	578	
Gillingham B.	7	—	1	—	—	—	—	—	1	24	30	13	5	76	2	7	92	145	27	114	25	2	47	48	7	8	—	8	—	—	51	5	12	11	1	795	
Gravesend B.	—	2	1	—	—	—	—	—	2	9	13	10	3	35	3	3	100	75	7	61	20	2	21	25	5	2	—	9	—	—	36	3	12	8	—	485	
Herne Bay U.	5	1	—	—	—	—	—	—	—	6	17	9	2	36	—	—	52	42	9	78	22	1	19	14	1	2	—	6	—	—	29	3	4	1	—	355	
Hythe B.	—	—	—	—	—	—	—	—	—	3	5	1	1	13	—	2	19	23	1	32	10	1	2	3	1	2	—	1	—	—	10	—	3	3	2	137	
Lydd B.	—	—	—	—	—	—	—	—	—	1	—	2	—	4	—	—	5	4	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	23	—
Maidstone B.	8	—	1	—	—	—	—	—	2	17	20	13	6	63	2	3	73	78	17	116	26	—	31	31	3	6	—	3	—	—	62	9	15	7	—	624	
Margate B.	7	1	1	—	—	—	—	—	—	13	27	12	7	57	1	7	86	129	18	121	31	4	30	34	3	4	—	4	—	—	35	2	11	11	—	673	
New Romney B.	—	—	—	—	—	—	—	—	—	1	3	1	—	3	—	—	4	11	3	3	2	2	2	—	—	—	—	—	—	—	—	—	—	—	—	37	—
Northfleet U.	1	1	3	—	—	—	—	—	1	5	11	5	4	23	1	3	34	42	5	44	4	2	7	18	—	4	—	2	—	—	4	16	10	9	1	246	
Orpington U.	3	1	2	—	—	—	—	—	2	24	38	23	7	66	6	4	75	133	17	68	35	2	83	31	5	7	—	6	—	—	60	10	10	4	2	747	
Penge U.	—	—	1	—	—	—	—	—	1	6	15	7	4	28	1	1	40	42	10	42	9	4	28	18	5	1	—	2	—	—	19	7	4	2	308		
Queenborough B.	—	—	1	—	—	—	—	—	—	—	1	—	1	3	—	1	1	6	1	6	2	3	8	1	4	—	—	—	—	—	2	2	1	1	34	—	
Ramsgate B.	4	—	1	—	—	—	—	—	1	21	15	9	3	50	4	1	59	81	9	83	22	3	33	24	4	7	—	4	—	—	56	2	13	8	—	526	
Rochester B.	4	—	1	—	—	—	—	—	—	13	23	7	5	39	4	2	61	82	7	100	16	—	27	19	3	4	—	5	—	—	39	6	13	3	—	499	
Sandwich B.	1	1	—	—	—	—	—	—	1	1	4	2	—	7	—	1	11	7	3	3	6	—	3	1	1	1	—	1	—	—	5	2	3	2	—	64	—
Sevenoaks U.	—	—	—	—	—	—	—	—	—	1	14	6	2	17	—	2	31	30	6	16	13	2	18	15	2	3	—	4	—	—	19	3	2	2	—	210	
Sheerness U.	1	—	—	—	—	—	—	—	1	4	5	1	—	15	4	2	32	34	4	30	7	—	7	13	2	3	—	3	—	—	7	1	8	1	—	187	
Sittingbourne and Milton U.	5	—	—	—	—	—	—	—	1	4	4	2	—	25	3	3	76	43	4	92	15	2	11	16	2	3	—	2	—	—	9	9	1	2	—	336	
Southborough U.	1	—	—	—	—	—	—	—	1	2	5	2	2	9	2	1	22	25	5	20	4	1	6	5	1	—	—	2	—	—	7	2	5	4	1	132	
Swanscombe U.	—	—	—	—	—	—	—	—	—	2	6	2	—	7	—	—	9	13	2	2	6	—	8	10	—	1	—	—	—	—	8	—	4	1	2	83	—
Tenterden B.	—	—	1	—	—	—	—	—	—	1	2	7	2	—	—	1	12	12	38	5	—	—	8	1	—	1	—	—	—	—	3	—	3	—	1	1	90
Tonbridge U.	1	—	—	—	—	—	—	—	—	2	8	7	2	26	1	—	47	49	4	18	14	2	11	9	3	4	—	1	—	—	16	6	22	1	—	257	
Tunbridge Wells B.	2	—	—	—	—	—	—	—	1	11	22	16	4	47	2	4	89	119	21	88	47	7	41	23	9	7	—	9	—	—	30	3	31	4	1	653	
Whitstable U.	—	—	—	—	—	—	—	—	—	4	14	7	—	30	4	1	44	53	6	56	27	3	11	12	3	8	—	3	—	—	16	3	4	2	—	312	
TOTALS IN URBAN DISTRICTS	110	11	20	—	—	4	4	1	31	325	618	275	119	1,374	89	89	2,009	2,529	377	2,214	755	68	855	750	120	164	54	125	124	6	119	1,062	148	332	152	7	15,040

TABLE 6
Showing causes of deaths in the RURAL DISTRICTS of Kent during the year 1958.

DISTRICT	Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping-cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm					Leukaemia, apleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor-vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All causes	
										Stomach	Lung, bronchus	Breast	Uterus	Other malignant and lymphatic neoplasms																								
Ashford, East	2	—	—	—	—	—	—	—	1	1	3	1	13	—	—	23	10	4	24	7	—	—	9	9	9	3	1	1	2	2	—	—	—	6	2	1	—	133
Ashford, West	—	—	—	—	—	—	—	—	3	4	18	2	12	—	—	28	22	9	21	8	—	—	9	4	19	3	—	—	—	—	—	—	13	1	1	—	171	
Bridge-Blean	—	1	—	—	—	—	—	—	—	4	32	2	2	—	—	34	33	11	11	22	1	1	23	19	4	3	—	—	—	—	—	23	1	1	—	321		
Cranbrook	—	—	—	—	—	—	—	—	—	4	24	4	2	—	—	41	31	12	36	29	3	3	9	8	2	6	2	2	—	—	—	12	5	2	—	211		
Dartford	3	—	2	—	—	—	—	—	—	13	48	8	4	—	—	61	80	5	53	29	3	3	31	39	3	3	1	1	—	—	—	44	9	1	—	493		
Dover	—	—	—	—	—	—	—	—	—	4	23	3	7	—	—	18	42	1	57	16	3	16	5	12	10	6	3	2	—	—	—	20	7	3	—	255		
East	2	—	—	—	—	—	—	—	1	5	23	2	2	—	—	35	32	4	46	12	10	12	10	6	3	3	1	1	—	—	—	13	1	1	—	213		
Elham	—	—	—	—	—	—	—	—	—	5	13	—	4	—	—	31	22	2	26	9	—	11	11	13	5	3	4	1	—	—	—	34	4	2	—	286		
Hollingbourn	4	—	—	—	—	—	—	—	—	5	23	5	1	—	—	47	59	0	53	11	6	29	17	1	2	1	1	—	—	—	75	11	2	—	390			
Maidstone	1	—	—	—	—	—	—	—	1	14	16	2	—	—	3	48	10	3	12	2	—	2	2	6	3	2	1	1	—	—	—	4	2	1	—	62		
Malling	6	—	—	—	—	—	—	—	—	—	9	1	4	—	—	11	10	0	48	10	—	25	12	8	1	3	1	—	—	—	3	—	4	—	398			
Rouney Marsh	—	1	1	—	—	—	—	—	—	12	17	2	1	14	1	57	68	3	18	5	1	5	5	2	2	1	1	1	—	—	—	9	3	1	—	118		
Sevenoaks	—	—	—	—	—	—	—	—	—	2	2	4	1	21	3	13	17	8	27	12	1	4	6	3	1	3	1	1	—	—	—	15	1	1	—	219		
Sheppey	—	—	—	—	—	—	—	—	—	4	6	4	3	18	3	28	35	5	42	12	7	1	4	6	3	2	1	1	—	—	—	7	3	3	—	186		
Strood	2	—	—	—	—	—	—	—	1	1	1	1	3	18	3	27	30	8	46	7	1	3	—	2	2	1	1	—	—	—	9	2	1	—	77			
Swale	—	—	—	—	—	—	—	—	—	1	3	3	1	3	—	11	9	0	16	2	2	12	13	2	3	—	—	—	—	—	—	34	15	3	—	310		
Tenterden	1	1	—	—	—	—	—	—	—	5	15	8	3	29	3	43	48	0	28	17	2	12	13	2	3	—	—	—	—	—	—	84	1	1	—	—		
Tonbridge	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
TOTALS IN RURAL DISTRICTS	25	3	8	—	—	—	—	—	10	89	128	71	35	379	20	569	600	102	669	206	29	223	190	61	40	20	40	34	4	39	409	45	102	32	1	4,212		
TOTALS IN URBAN DISTRICTS	110	11	20	—	—	4	4	1	31	325	618	275	119	1,374	89	2,009	2,529	377	2,214	755	68	855	750	120	164	54	125	124	6	119	1,062	148	332	152	7	15,040		
TOTALS IN COUNTY	135	14	28	—	—	4	4	1	41	414	746	346	154	1,753	109	2,578	3,129	479	2,883	961	97	1,078	940	181	204	74	165	158	10	158	1,471	193	434	184	8	19,252		
Rural Districts	0.72	0.09	0.23	—	—	—	—	—	0.28	2.55	3.67	2.04	1.00	10.87	0.57	16.31	17.20	2.92	19.18	5.91	0.83	6.39	5.45	1.75	1.15	0.57	1.15	0.97	0.11	1.12	11.73	1.30	2.92	0.92	0.03	120.76		
Urban Districts	0.86	0.09	0.16	—	—	0.03	0.03	0.01	0.24	2.55	4.85	2.16	0.93	10.77	0.70	15.75	19.83	2.96	17.36	5.92	0.53	6.70	5.88	0.94	1.29	0.42	0.98	0.97	0.05	0.93	8.33	1.16	2.60	1.19	0.05	117.94		
Administrative County of Kent	0.83	0.09	0.17	—	—	0.02	0.02	0.01	0.25	2.55	4.59	2.13	0.95	10.79	0.67	15.87	19.27	2.95	17.75	5.92	0.60	6.64	5.79	1.11	1.26	0.46	1.02	0.97	0.06	0.97	9.06	1.19	2.67	1.13	0.05	118.55		

TABLE 7

Showing the allocation of deaths to causes, in children under one year of age.

Causes of Death	Deaths under One Year of Age		
	1938	1957	1958
Whooping Cough	4	2	—
Meningococcal Infections	2	3	2
Diphtheria	1	—	—
Tuberculosis—Respiratory	1	—	—
—Other Forms	9	—	—
Syphilitic Diseases	4	—	—
Influenza	4	1	—
Measles	4	—	—
Acute Poliomyelitis and Polioencephalitis, Acute Infectious Encephalitis	—	—	—
Malignant Neoplasm—all sites	1	1	1
Intracranial Vascular Lesions	—	1	1
Heart Disease, Diseases of Circulatory System ..	—	1	—
Bronchitis	19	23	15
Pneumonia	125	46	56
Other Respiratory Diseases	4	2	5
Ulcer of Stomach or Duodenum	—	—	—
Appendicitis, Diarrhoea, other Digestive Diseases	92	3	3
Nephritis and Nephrosis	1	—	1
Premature Birth, Congenital malformations, other defined and ill-defined diseases.. ..	593	394	396
Violence	21	23	21
All Other Causes	—	—	4
All Causes	885	500	505

TABLE 8

Showing causes of death at different age periods in the County of Kent during the year 1958.

Age	Sex	All causes	Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping-cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm					Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor-vehicle accidents	All other accidents	Suicide	Homicide and operations of war								
												Stomach	Lung, bronchus	Breast	Uterus	Other malignant and lymphatic neoplasms																														
AGGREGATE URBAN DISTRICTS																																														
Under 1 year ..	M.	223	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	22	11	4	—	—	—	—	—	—	40	135	—	—	7	—	—	—	—	—		
1 year and under 5 years	F.	177	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	23	3	—	—	—	—	—	—	—	40	96	—	—	8	—	—	—	—	—			
5 years and under 15 years	M.	27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	3	6	—	—	9	—	—	—	—	—			
15 years and under 25 years	F.	40	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	2	4	6	—	6	—	—	—	—	—			
25 years and under 45 years	M.	26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	7	—	—	2	—	—	—	—	—			
45 years and under 65 years	F.	86	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	7	—	—	3	6	—	—	—	—			
65 years and under 75 years	M.	35	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	—	—	3	6	—	—	—	—			
75 years and over	F.	272	7	—	—	—	—	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	7	3	—	—	—	—	—	—	—	2	21	—	—	26	49	—	—	—	—			
	F.	207	7	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	4	—	—	—	—	—	—	—	3	19	—	—	4	7	—	—	—	—			
	M.	1,943	44	3	3	—	—	—	—	—	7	65	244	—	—	—	—	—	—	—	—	—	—	—	64	115	25	34	—	—	—	—	—	7	92	—	—	23	41	—	—	—	—			
	F.	1,191	13	2	4	—	—	—	—	—	4	23	39	116	60	216	10	5	140	134	21	82	46	10	47	29	6	8	3	8	3	11	—	4	103	—	—	11	12	—	—	—	—			
	M.	2,154	22	8	—	—	—	—	—	—	1	73	195	—	—	226	7	19	216	529	64	195	95	8	85	181	26	39	8	14	30	—	—	3	75	—	—	10	25	—	—	—	—			
	F.	1,704	4	—	2	—	—	—	—	—	1	47	23	66	27	197	8	14	314	340	57	193	86	12	65	51	7	17	8	19	—	—	2	103	—	—	11	29	—	—	—	—	—			
	M.	2,822	8	—	1	—	—	—	—	—	1	35	68	2	—	232	8	14	411	462	68	566	181	12	226	201	21	34	4	17	86	—	—	1	115	—	—	11	29	—	—	—	—			
	F.	4,098	3	—	1	—	—	—	—	—	4	75	26	69	23	213	17	31	763	491	146	1,047	262	19	302	146	22	28	14	20	—	—	—	1	269	—	—	9	89	—	—	—	—			
All ages—Urban	M.	7,575	81	6	13	—	—	—	3	1	18	177	524	2	—	700	38	779	1,560	153	876	355	27	412	513	79	109	22	66	124	—	—	60	456	112	177	92	2	—	—	—					
	F.	7,465	29	5	7	—	—	—	4	1	13	148	94	273	119	674	51	1,230	969	224	1,338	400	41	443	237	41	55	32	59	—	—	6	59	36	155	60	—	—	—	—	—					
AGGREGATE RURAL DISTRICTS																																														
Under 1 year ..	M.	57	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	1	—	—	—	—	—	—	—	12	34	—	—	4	—	—	—	—	—			
1 year and under 5 years	F.	48	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—	—	—	—	—	—	—	—	9	30	—	—	1	—	—	—	—	—			
5 years and under 15 years	M.	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
15 years and under 25 years	F.	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
25 years and under 45 years	M.	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
45 years and under 65 years	F.	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65 years and under 75 years	M.	29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
75 years and over	F.	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—							